

**Office of Consumer Information and Insurance Oversight**

**State Planning and Establishment Grants for the  
Affordable Care Act's Exchanges**

**Reporting Templates**

**Quarterly Project Reports**

**Date: January 31, 2011**

**State: New Mexico**

**Project Title: Health Exchange Planning Grant**

**Project Quarter Reporting Period: Quarter 1 (09/30/2010-12/31/2010)**

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Award number:

Date submitted: January 31, 2011

**Project Summary**

New Mexico has successfully launched the Health Insurance Exchange Grant in light of the transition to a new executive administration. Grant progress to date include the following:

- **Stakeholder Involvement**

- The development of seven distinct stakeholder groups -Medicaid; health care provider; insurer; consumer; tribal; employer; and, information technology. These groups meet monthly and have met twice in the first quarter of the grant. Minutes for these groups can be located on the agency website (noted above).
- The award of nine contracts for the provision of professional services to design data gathering methods and facilitate, collect, analyze and report public input

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from stakeholders to inform the state's planners in the development of a health insurance exchange.

- **Background Research:** the execution of a professional services contract for a survey of uninsured adults as well as the final development of a Request for Proposal to develop a financial modelling tool. Also, an award of a contract for the provision of professional services to complete an analysis of New Mexico's health insurance carrier market;
- **Program Integration:** the New Mexico Office of Health Reform is located in the Human Services Department which oversees the Medicaid program. In addition, by Executive Order under the previous governor, a leadership team was created with representation from 12 different state agencies, the Public Regulation Commission's Insurance Superintendent, and the Governor's Office. Discussion is underway to hire a staff person to be the liaison between the Office of Health Care Reform and the Medicaid Agency.
- **Resources and Capabilities:** The Office of Health Care reform has a professional services contract for legal assistance and support. This individual will serve to support the office. In addition, the New Mexico Human Services Department has issued a Request for Proposals (RFP) from qualified organizations to design, develop and implement a replacement eligibility system for the Income Support Division. The current system, ISD2 (Integrated Service Delivery 2) is an automated eligibility determination, benefit delivery, and case management system that supports the administration of HSD's public assistance programs including; the Temporary Assistance for Needy Families (TANF) Program, the Supplemental Nutrition Assistance Program (SNAP), the Low-Income Home Energy Assistance Program, as well as 30 categories of Medicaid. The new client eligibility system will need to interface with the Health Insurance Exchange(s). The RFP gives the offerors two options for proposals. First, is to propose the implementation of a complete system, to be implemented by January 1, 2014. This is the preferred option. Second, the offeror can provide an alternative solution, which includes the Medicaid eligibility portion deployed and in production by January 1, 2014, and the other portions of the complete system deployed no later than January 1, 2015.
- **Governance** – Three bills, referencing the governance and structure of an exchange, have been introduced in the New Mexico 2011 State Legislature (see below).
- **Finance** – No progress to report- waiting on legislation
- **Technical Infrastructure** - No progress to report- waiting on legislation
- **Business Operations** - No progress to report-waiting on legislation
- **Regulatory or Policy Actions** – As noted above, three bills have been introduced. Listed below are the links to review this legislation:

<http://www.nmlegis.gov/Sessions/11%20Regular/bills/house/HB0033.pdf>  
<http://www.nmlegis.gov/Sessions/11%20Regular/bills/senate/SB0038.pdf>  
<http://www.nmlegis.gov/Sessions/11%20Regular/bills/senate/SB0370.pdf>

### **Barriers, Lessons Learned, and Recommendations to the Program**

The significant impact on the development and implementation of the project has been the change in Executive Leadership and Cabinet Secretaries. In light of this change, the New Mexico Human Services Department's Office of Health Care Reform has been able to proceed

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with the work plan utilizing classified employees who did not change during the shift to the new Administration. Prior to the departure of the previous Governor, the Leadership Team provided the new Governor a transition document. Following are recommendations by the previous administration associated with the implementation of an Exchange:

- Continue the Health Care Leadership Team with its mission to oversee the planning, development and implementation of health care reform in New Mexico and with representation from the 12 Cabinet Agencies, Office of the Governor's Council on Women's Health, the Workers' Compensation Administration, the Superintendent of Insurance, CEO of the Behavioral Health Collaborative, and a representative from the Governor's Office.
- Move the New Mexico Office of Health Care Reform to the Governor's Office. Authorize the Office to have decision-making authority and dedicated staff, including a Native American Ombudsman, to plan, coordinate, and administer implementation of federal health care reform.
- Hire a Director of Health Care Reform, who reports directly to the Governor's Office, and is the Chair of the Health Care Leadership Team. Recommend that the Director is a system thinker and has knowledge/experience with state and federal health care reform, including Medicaid and long-term care reform, New Mexico's individual and small group insurance market, workforce issues, and Native American health care.
- Utilize the Office of Health Care Reform as a central entity for housing and reporting data on all PPACA grants to ensure accuracy of grant tracking and federal reporting for all state agencies. It is imperative to keep accurate records of the grants New Mexico agencies, and non-state agencies, are applying for and receiving.
- Develop a comprehensive and cost-effective consumer protection and education plan that (1) promotes widespread consumer education as components of the PPACA are rolled out, (2) creates an independent consumer protection system with procedures and resources available for every county and tribal community, and (3) obtains funding through the PPACA to coordinate and advance consumer protection and education throughout New Mexico.

To bring state law in line with the federal mandates, legislation and/regulation that does the following is needed:

- Prohibit annual and lifetime limits.
- Require coverage of certain preventive services
- Extend adult dependent coverage through age 26 (current law is 25)
- Prohibit exclusions for preexisting conditions for children under 19
- Require the provisions of certain information for insurers
- Enact non-discrimination provisions regarding income and providers
- Change the medical loss ratio standards
- Add minimum plan requirements to Patient Protection Act
- Create health insurance consumer office and ombudsman
- Mandate premium rate disclosure and transparency

Further recommendations include:

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- Analyze how to create as much continuity as possible between the plans and rules for those sold inside and outside the Exchange.
- Analyze the pros and cons of establishing rules that affect plan pricing so that they are the same for insurers inside and outside the exchange –to avoid individuals and employers paying more to enroll through an exchange.
- Evaluate whether New Mexico should establish a competitive process, based on factors such as price, performance and customer satisfaction, to determine which plans can be offered in an exchange.
- Develop a comprehensive consumer education plan to help individuals and employers be smart buyers.
- Work with insurers and brokers to help create the right insurance reform for New Mexico.
- Develop incentives to encourage those under age 30 and other healthy individuals to purchase coverage through the Exchange.
- Develop a marketing plan that includes attracting individuals over 400% FPL to purchase coverage through the Exchange in order to create a larger pool.
- Medicaid cost containment decisions should be consistent with PPACA provisions.
- Move quickly to replace the Human Services Department's Medicaid eligibility system to assure seamless efficient application and enrollment procedures for New Mexicans applying for Medicaid or subsidies through the Exchange.
- Adopt policies and procedures that will facilitate coordinated care as people move between the Exchange and Medicaid.
- Analyze pros and cons to a "Basic Health Plan" for New Mexicans with incomes between 133% and 200% of poverty in lieu of those individuals receiving premium subsidies to purchase coverage in the Exchange(s).
- Work with health care providers to reduce administrative burden through eliminating redundant paperwork and streamlining administrative requirements.
- Analyze and pursue demonstration grants and other opportunities to support New Mexico's exploration of other ways to purchase and provide health care services.
- Make decisions regarding the type, functionality and governance of the Exchange and pass legislation to create an Exchange(s) in the 2011 Legislative Session.
- Fully utilize the health insurance exchange planning grant to further research on the needs and health insurance issues facing New Mexicans; the planning grant can be used to provide valuable resources and data to inform future decisions.
- New Mexico should establish its own Health Insurance Exchange(s) rather than using a federally operated Exchange.

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- The entity that should operate the exchange should NOT be a governmental agency or a non-profit; the entity should be a non-profit quasi-governmental entity or a adjunct state agency that is required to follow the State's Tribal Consultation Act.
- The Exchange governing board should be appointed by both the Executive and Legislative branch and should not include members with a conflict of interest.
- The Exchange(s) should assume an active role in driving market reforms and protecting consumers. This could include restricting plans from the Exchange that would exceed specified premium growth levels or by requiring cost containment initiatives of plans participating in the Exchange.
- Develop a strong Exchange that promotes competition between plans based on quality and price in a way that is transparent to consumers.
- Explore the option of combining the individual and small group markets.
- Explore the option of creating/participating in a regional exchange.
- Consult with the tribes to share information and learn about their decisions to develop Native American Exchange(s).
- Consider regional resource sharing, i.e. human resources, IT, and administrative systems.
- Analyze the option of creating a state run plan that can be purchased in the Exchange by any consumer or small business. Analyze the option of including in the state run plan the following populations whose health care is already being supported, or partially supported, by public funding: Medicaid; public employers; public retirees; and those who are incarcerated. The pooling of these populations can create a large enough risk pool and reduce adverse selection. Such a plan can increase competition in the private market, drive down costs, and potentially serve as a revenue generator for the State.
- Allow for the creation of Consumer-Owned and –Oriented Plans (CO-OPs) to be offered in the Exchange(s). CO-OPs are not-for profits cooperatives that can provide affordable health insurance and supports choice, increased quality and decreased costs.
- Create a Native American Ombudsman position, located in the Office of Health Care Reform, in 2011 to address all Native American issues and Indian provisions of the PPACA, as well as provide education and outreach to tribal governments regarding the State's Office of Health Care Reform efforts.
- Create a mechanism to ensure that a state, non-profit or quasi state entity is required to adhere to the consultation provisions of the State-Tribal Collaboration Act.
- Conduct tribal consultation regarding health care reform initiatives and policies that will impact American Indians in order to ensure the adherence to federal requirements mandated and regulated by the U.S. Health and Human Services Department (HHS) and to honor our compliance with and commitment to the State – Tribal Collaboration Act SB 196.
- Continue the Native American HCR Steering Workgroup that is responsible for advising and providing information to the Health Care Reform Leadership Team and the Office of Health Care Reform regarding the implementation of the Patient Protection and Affordable Care Act (PPACA).

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- Work closely with Medicaid and the Medical Assistance Division Native American Liaison to ensure information, coordination and support is provided to the I/T/U Express Lane agencies.
- Recommend that Health Information Technology systems adhere to the Indian provisions of the PPACA.

**Lessons Learned:**

- Keep stakeholders informed and involved- continue the following Health Care Leadership Team Stakeholder/Working Groups: providers, Medicaid, insurance, consumer, health information technology, employers, and Native American. The purpose of these groups is to provide ongoing recommendations to both the Office of Health Care Reform and the Health Care Leadership Team.
- Maintain involvement of, and coordination with: New Mexico's Congressional delegation; providers; insurers; health plans; consumers; advocacy groups; tribes, tribal organizations, and urban Indians; and other members of the public.
- Communicate and coordinate with Indian Health Service/Tribes/Urban (I/T/U) on Native Americans' issues analysis, education, and data collection.
- Identify, as soon as possible, who will run the Exchange so that entity and the Human Services Department can begin working together to create an integrated and seamless eligibility and enrollment system that is supported by new information technology.
- Establish a Health Care Reform website that will serve as the "go to" place for accurate information about the PPACA and contains, at a minimum, consumer information; grant opportunities; funding applications and reports; Leadership Team and public meeting schedules and minutes; legislation; agency progress with implementation; key decisions that have been made; policy considerations and recommendations; and a timeline.

**Technical Assistance**

Technical assistance needs include:

- establishing budgetary requirements for the Exchange;
- exchange IT system requirements and how they intersect with the Medicaid systems;
- interaction between the Exchange Planning Grantee, the Exchange Establishment Grantee; and the Exchange entity as these potentially could be independent entities; and,
- Exchange regulations.

**Work Plan**

New Mexico is including a work plan through September 2011 (see attachment). Given that we are waiting the outcome of exchange legislation -the NM Legislature ends in March- we will not know if the exchange will be operated by a not-for-profit, state agency, or quasi-governmental entity. Much of the work to establish the exchange will be the responsibility of the exchange entity. The work plan will be updated in the next quarterly report to indicate the role of the

Human Service Department's Office of Health Care Reform and the New Mexico Medicaid Agency, between September 2011 and 2014.

### **Collaborations/Partnerships**

Report on who you are working with outside of your office or department, and any changes or issues in your institutional context and/or any progress or issues with your project partners (where applicable).

- **Name of Partner:** Public Regulation Commission/Department of Insurance (PRC/DOI)
  - **Organizational Type of Partner:** Other-Insurance Superintendent
  - **Role of Partner in Establishing Insurance Exchange:**
    - The New Mexico Public Regulation Commission (NMPRC) and its Division of Insurance (DOI) were awarded the \$1 million funding in order to enhance the current capacity in reviewing rate increase requests for individual and small group health insurance markets in the State of New Mexico. The use of awarded funds for this specific project would allow the DOI to strengthen the current review process and create a process for public disclosure that is accessible, consumer friendly and provides the citizens of New Mexico an opportunity to present feedback on factors of concern related to a rate increase request prior to a determination.
      - The NMPRC is soliciting applications to provide professional services to conduct a comprehensive assessment of all components of the current DOI health insurance rate review process to inform the State's development of enhanced provisions and legislation in the health insurance rate review process.
      - The New Mexico Public Regulation Commission (NMPRC) is soliciting applications to provide professional services to design data gathering methods and facilitate, collect and analyze public input from consumer stakeholders to inform the State's development of consumer communication media related to health insurance premiums and consumer protections.
  - **Accomplishments of Partnership:** An employee of the Division of Insurance is a member of the Office of Health Care Reform's steering group. This relationship is critical in ensuring ongoing communication and collaboration between the two entities.
  - **Barriers/Challenges of Partnership:** The PRC/DOI is governed by an elected commission and does not report directly to the Governor, whereas, the Human Service Department's Office of Health Care Reform is under the direction of the Governor. Although this challenge has not posed a significant issue, the two branches of government may differ on policy issues in the future and collaboration will be critical.
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- **Name of Partner:** NM Department of Health (DOH)
  - **Organizational Type of Partner:** Health Department
  - **Role of Partner in Establishing Insurance Exchange:** Two employees of the Department of Health are members of the Office of Health Care Reform's steering group. These employees are responsible for the tracking of PPACA related funding opportunities as well as assisting in the collection of stakeholder input to guide the implementation of the exchange from Spanish-only speaking individuals. DOH also is providing input regarding health provider coverage and access. The DOH Cabinet Secretary is a member of the Health Reform Leadership Team.
  - **Accomplishments of Partnership:** Successful tracking of grant opportunities and perspective on health provider coverage issues.

- **Barriers/Challenges of Partnership:** Change in leadership of DOH.
  - **Name of Partner:** NM Department of Aging and Long-Term Services (ALTSD)
  - **Organizational Type of Partner:** Long-Term Services State Agency
  - **Role of Partner in Establishing Insurance Exchange:** An employee of the Department of Aging and Long-Term Services is a member of the Office of Health Care Reform's steering group. This employee is responsible for providing the long-term services perspective. The ALTSD Cabinet Secretary is a member of the Health Reform Leadership Team.
  - **Accomplishments of Partnership:** Input regarding how to access stakeholder input from individuals living with a disability and their family and caregivers.
  - **Barriers/Challenges of Partnership:** Change in leadership of ALTSD.
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- **Name of Partner:** NM Department of Indian Affairs (IAD)
  - **Organizational Type of Partner:** Indian Affairs State Agency
  - **Role of Partner in Establishing Insurance Exchange:** An employee of the Department of Indian Affairs has been a member of the Office of Health Care Reform's steering group. This employee is responsible for providing the perspective of tribal government, tribal members and American Indians living off-reservation.
  - **Accomplishments of Partnership:** The IAD Cabinet Secretary is a member of the Health Reform Leadership Team. New Mexico is the only state which has a Cabinet level Indian Affairs Department and is often hailed as a national model for state-tribal relations. New Mexico also enacted SB 196, the State-Tribal Collaboration Act, in 2009 that codified an effective and comprehensive structure to ensure positive government-to-government relations, effective collaboration and communication between tribal governments and state agencies and cultural competency in the provision of state services to Native Americans. Consultation and collaboration efforts have been most effective and meaningful when conducted before taking action that impacts Tribes and AI/AN. Most recently this has been particularly evident in State Tribal Consultations (STC) on Medicaid and health care reform. The Human Services Department (HSD) has collaborated and worked closely with the Indian Affairs Department (IAD) to promote effective consultation, communication and collaboration between the Departments and the 22 Tribes, Nations, and Pueblos in New Mexico. These efforts have resulted in a positive government-to-government relationship built on mutually respectful relationships between the Secretaries of HSD, IAD and Tribal leadership. It is recommended that the Office of Health Care Reform (OHCR) continue to build on this relationship through conducting tribal consultations regarding health care reform initiatives and policies that will impact AI/AN, and to create within the OHCR a Native American Ombudsman position in 2011 to address all Native American issues and Indian specific provisions of the PPACA.
  - **Barriers/Challenges of Partnership:** Change in leadership of IAD.
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- **Name of Partner:** NM Medical Insurance Pool (NMMIP)
  - **Organizational Type of Partner:** Quasi-governmental entity—operates the state and federal high risk pool.
  - **Role of Partner in Establishing Insurance Exchange:** New Mexico submitted and was approved by the Department of Health and Human Services to operate a temporary high risk pool program. This program is operational and is being administered alongside the existing

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State High Risk Pool by the New Mexico Medical Insurance Pool. New Mexico will receive \$37 million, over a three year period, to operate the Temporary High Risk Insurance Pool.

- **Accomplishments of Partnership:** NMMIP has successfully implemented and is currently operating the federal high risk pool. Approximately 250 individuals are enrolled. Current enrollment aligns with what was projected, however, claims have been higher than what was projected. The state high risk pool, with state resources, is currently providing the funds to discount the premiums that are not funded through the federal grant.
- **Barriers/Challenges of Partnership:** None

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Attachment D

**State Exchange Planning and Implementation Work Plan and Timeline**

<b>Monthly Timeline</b>	<b>Action Item</b>	<b>Responsible Staff</b>
October 2010	<p>Draft Request for Applications (RFAs) for professional services to design data gathering methods and facilitate, collect, analyze and report public input from:</p> <ul style="list-style-type: none"> <li>• Young adults and those who are marginally employed;</li> <li>• Spanish only-speaking individuals and individuals whose children are eligible for services but their parents are not due to citizenship;</li> <li>• Small employers and non-profits</li> <li>• Individuals living with a disability;</li> <li>• Individuals who are knowledgeable about sex and gender implications in health care;</li> <li>• Health Care Providers;</li> <li>• Individuals with a behavioral health or substance use disorder; and,</li> <li>• General public.</li> </ul> <p>Draft Request for Application (RFA) for professional services to collect, analyze and report on New Mexico health insurance market.</p>	<p>Human Services Department &amp; Office of Health Care Reform: NM Office of Health Care Reform.</p> <p>Melinda Silver, consultant – contractor; Office of Health Care Reform, Legal Workgroup and staff; SJM1 Workgroup, etc.</p>
November 2010	Release RFAs listed above and select contractors.	Office of Health Care Reform.
December 2010	<p>Finalize contracts for a January 15<sup>th</sup>, 2011 start date.</p> <p>Present findings, as requested, to legislative committees.</p> <p>Analyze pre-filed Health Reform bills.</p> <p>Complete a Health Reform Transition Plan for the new Administration.</p> <p>Establish and meet with stakeholder groups.</p>	<p>Office of Health Care Reform.</p> <p>Melinda Silver, consultant – contractor; Office of Health Care Reform, Legal Workgroup and staff; SJM1 Workgroup, etc.</p>

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January 2011	<p>Issue RFP for financial modeling tool and report to analyze demographics and fiscal impact of various Exchange models.</p> <p>Prepare for and present recommendations and proposed legislation to the 2011 Legislative Session – daily involvement in the process of presenting proposed legislation and educating the Legislature on the need to make decisions regarding a state Exchange(s).</p> <p>Finalize contract for a research and polling contract to collect data on New Mexico's uninsured population.</p> <p>Finalize contract for professional services to design data gathering methods and facilitate, collect, analyze and report public input from members of Native American tribes and those living off-reservation.</p>	<p>Office of health Care Reform with involvement of key contractors, future Governor's office/TBA and other state staff including Indian Affairs Department and Public Regulation Commission/Division of Insurance.</p> <p>Melinda Silver, consultant – contractor; Office of Health Care Reform, Legal Workgroup and staff; SJM1 Workgroup, etc.</p>
February 2011	2011 Legislative Session	Office of health Care Reform with involvement of key contractors, future Governor's office/TBA and other state staff.
March 2011	2011 Legislative Session	Office of health Care Reform with involvement of key contractors, future Governor's office/TBA and other state staff.
April 2011	<p>Solicit for and hire contractor for RFI/project management for IT out of the Office of Health Care Reform ---after legislative session closes.</p> <p>Depending on developments with Governor and state Legislature, begin formation of state Exchange(s) or alternative plan of action, as dictated by decision-makers.</p> <p>Begin RFP process for needed IT functions.</p>	<p>Office of Health Care Reform.</p> <p>IT Project Manager, TBA.</p> <p>Office of Health Care Reform.</p>

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	Meet with stakeholder forums on developments.	
May 2011	Contract with vendors as needed for development and beginning implementation of Plan of Operations for state Exchange(s), or in the alternative to provide structure and oversight for state involvement in a regional or federal or other Exchange(s).	Office of Health Care Reform.
June 2011	Begin to develop Plan of Operation for Exchange(s).	As determined by the Legislature and the Governor and the governing body of the Exchange(s).
July 2011	Develop Plan of Operation for Exchange(s). Begin work on eligibility determination system.  Continue meeting with stakeholder forums.	As determined by the Legislature and the Governor and the governing body of the Exchange(s).
August 2011	Develop Plan of Operation for Exchange(s). Continue work on eligibility determination system.	As determined by the Legislature and the Governor and the governing body of the Exchange(s).
September 2011	Develop Plan of Operation for Exchange(s). Continue work on eligibility determination system.  Begin proposed rulemaking needed for the Exchange(s).  Draft possible proposed legislation still needed to provide Exchange(s) with ability to operate as envisioned in the Plan of Operation.	As determined by the Legislature and the Governor and the governing body of the Exchange(s).  Melinda Silver, consultant – contractor; Office of Health Care Reform, Legal Workgroup and staff; Public Regulation Commission/Division of Insurance legal counsel.

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2012-2014	See narrative above. This work plan will be updated in April once legislation is passed to reflect establishment and implementation activities
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