

AGENDA
Program Integration Workgroup
February 5, 2013
9-11am

1. Review last meeting minutes and approve/add/change as needed.
2. Review stakeholder reports. Through e-mail, each workgroup member will take one or two reports and let the others know which reports they have taken. Members are to summarize these findings for the group to help facilitate the discussion.
3. Review the other Work Groups' recommendations concerning the role of Navigators.
4. Review the Brian Sanderoff report.
5. Address the need for the alignment of plans for families who may require coverage from multiple sources.
6. What program doors need to be considered when defining a "no wrong door" approach?
7. Adjourn.

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The following were recommendations from the last meeting:

- 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.
- Mr. Horowitz summarized by asking the group for consensus on the issues that should be emphasized as the Exchange structures the Navigator and Assister programs:
 - a) The Exchange should focus on front-loading the roll-out with Assisters, particularly in areas with large hard-to-reach populations.
 - b) The Exchange should provide for truncated Assister training.
 - c) The Exchange should facilitate overlap between the Navigator and Assister programs.
- 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.
- Creating a Bridge Plan, in which a silver level plan is priced such that the tax subsidy equals the price of the premium.
- 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.
- 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.).
- 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. • The Exchange will need to address the unique language needs of New Mexico, including those of Native Americans and Hispanic communities
- 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

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- b) Small employers
- c) Individuals with varying needs for outreach across a broad spectrum of income levels