

New Mexico Health Insurance Exchange Work Group Minutes

Work Group	Program Integration	Date	2/5/2013
Facilitator	Babette Saenz	Time	9:00 a.m. MT
Location	Conference Call / In-Person	Scribe	Cicero Group

Agenda Item
 Discussion Item
 Conclusion
 Action Item

Attendees			
No.	Name	No.	Name
1.	Babette Saenz	9.	Paul Herzog
2.	Robert Horowitz	10.	Reena Szczepanski
3.	Mike Nunez, <i>Health Insurance Alliance</i>	11.	John Adkins, <i>NM Health Connections</i>
4.	Kathryn Toone, <i>Leavitt Partners</i>	12.	Guy Surdi, <i>Gov. Comm. on Disability</i>
5.	Janis Gonzales	13.	Paige Duhamel, <i>Southwest Women's Law Ctr</i>
6.	Kari Armijo	14.	Nick Estes, <i>NM Voices for Children</i>
7.	Randy Hobbs	15.	Quella Robinson, <i>Center on Law and Poverty</i>
8.	Steve DeSaulniers	16.	Stephanie Wright, <i>Cicero Group</i>

Agenda Item 1: Introduction

Name: Babette Saenz

DISCUSSION ITEM 1 Welcome and Review

Ms. Saenz welcomed the meeting and conducted a roll call. She then presented the minutes from the prior meeting for approval. Discussion and additions are as follows:

- Mr. Horowitz noted that attendees might list their associations upon introduction.
- The date mentioned on page 2, 2nd paragraph, during discussion of the deadline for application of federal funding for Assisters had been incorrectly stated as February 2013. It is noted here that the correct date should be October 2013.
- Mr. Horowitz took exception to the text at the bottom of page two, in which the group had been noted as possibly recommending that the qualifications and certifications of the Navigator program might be modeled after the Assisters program. The group discussed briefly which guidelines might first be defined, and the desirability of the programs being similarly structured.
- Mr. Horowitz then disagreed with the usage of the verb “ensure” used in the recommendation given at the top of page four, in describing the role of carriers in easing transition between Qualified Health Plans. He felt that the verb should be “assist” the ease of transition. Participants discussed the semantics involved, the importance of the warm hand-off between plans, and the necessity of continuity of care, particularly among fragile populations in danger of losing coverage. They felt the issue should be discussed with the Task Force.

Agenda Item 2: Presentation of Stakeholder Reports

Name: Babette Saenz

DISCUSSION ITEM 1

Sex/Gender Report

Ms. Saenz invited Work Group members to present summaries of the findings of reports regarding Exchange awareness among the public, Navigator services, and other issues relevant to the group, as previously assigned.

Ms. Szczepanski first presented her findings with a summary of the Sex/Gender report. She said that results of the study reveal that women are more frequently the single head of households, the primary providers, the coordinators and purchasers of healthcare, and the educators of healthcare-related services within the home. Women also were more interested than men in Navigators providing phone, chat and other online assistance.

The study stressed the importance of ease of enrollment in Exchange products, with clear comparisons of costs, benefits, and services. Ms. Szczepanski said that there is an intent within the Exchange to also provide training to Navigators and Assisters that facilitates the presentation of gender-specific information.

DISCUSSION ITEM 2

Insurance Market Report

Ms. Szczepanski summarized the Insurance Market report findings as a strong desire for seamlessness in eligibility processing for Medicaid. To accomplish this, the Exchange must establish clear data channels and timely transfer of data between the Exchange and the federal hub.

Ms. Szczepanski reminded the group of their prior recommendation, supported by the findings of the Insurance Market report, that the Exchange should participate in presumptive eligibility. Both the Sex/Gender and Insurance Market reports concluded that the Exchange must create a plan to facilitate continuation of coverage of basic health services for those enrollees with changing eligibility, as incomes fluctuate.

Ms. Robinson was then invited to describe a possible state option for closing the gap between Medicaid and the Exchange, in which the state subsidizes premiums for a basic health plan for enrollees between 138%-200% of the federal poverty level. She explained that the federal government provides up to 95% of the premium in tax credits in these cases. The group discussed the program as a benefit for managing the churn of low-income residents ineligible for Medicaid but unable to afford premiums.

In examination of the critical importance of an effective IT Exchange system and the creation of a well-functioning interface between the Exchange and the federal data hub, a participant

mentioned iREACH, an online benefits coordination program. She described it as providing an electronic P/E MOSA application, which ISD then converts to paper for processing.

Participants discussed other existing healthcare applications and associated technology, and anticipated that the Exchange might coordinate with them or use similar technology. They also discussed possible challenges to the Exchange participating in presumptive eligibility.

DISCUSSION ITEM 3 | Small Employers and General Consumers

Mr. Hobbs then presented his findings on the Small Employers report. He explained that 74% of businesses in New Mexico are small businesses. He described the difficulty in obtaining feedback from busy small employers about many aspects of the Exchange, but that participation was more easily obtained when discussion turned to tax credits.

Mr. Hobbs stated that, upon questioning about the implications of the Exchange, small employers primarily hope for a useful and intuitive online interface. They also feel that support in the forms of a robust call center and a system of in-person assistance will be vital elements in successful participation. Many small employers expressed desire for educational personnel to provide live support and training on-site to their employees.

DISCUSSION ITEM 4 | General Consumers Report

Mr. Hobbs said that the General Consumer report was complicated and lacked representative participation. It was compiled from data obtained online, over the phone and in-person contact, reaching a total of 61 participants. Mr. Hobbs indicated dissatisfaction with the amount and quality of available feedback, saying that primarily it came from a small group in just a few localities.

He explained that the General Consumers—as well as Small Business—reports revealed a general desire for a strong hands-on level of support. Responders requested this not only during enrollment, but also as service issues arise, such as coverage and payment questions, following enrollment.

DISCUSSION ITEM 5 | On- and Off-Reservations Reports

Ms. Armijo then presented a summary of the On- and Off-Reservations reports. She said the conclusions foresee complications as the Exchange interfaces with the many federal programs and delivery systems involved in healthcare coverage of Native Americans. Of particular concern is how the PPACA will comply with all aspects of coverage mandated by the government and specific to Native Americans.

Ms. Armijo said that both reports revealed a preference for paper-based and in-person communication with Native Americans, which are seen as more effective outreach tools within this demographic than electronically- or telephonically-delivered information. The reports also encouraged the delivery of an “express lane” system for Native Americans.

Other conclusions were the importance of simplifying tribal verification and communicating in native languages. Ms. Armijo described existing concerns in the Medicaid system in cooperating with Indian Health Services (IHS) and reaching all individuals eligible for coverage, concerns that might be echoed in Exchange outreach.

DISCUSSION ITEM 6

Behavioral Health Report

The next member explained the results of the Behavioral Health report. He said the report had sought feedback from individuals with mental illness and substance abuse issues, and also from their families and advocates. They conducted research in cooperation with the Behavioral Health collaboratives.

The member felt that a possible recommendation from this group might be the inclusion of the cooperation between the Exchange and the Behavioral Health Planning Council, in conducting outreach and disseminating relevant information to consumers. He felt the Council might provide useful guidance in marketing and the development and training of Navigator duties in behavioral health issues.

The group discussed the likelihood of an influx of newly eligible adults into the system. A participant noted the importance of including incarcerated individuals and court-ordered treatments in Exchange services, and described the desirability of providing Medicaid eligibility screening to this population. The presenting member felt this Council was the best resource for relevant information in this regard.

DISCUSSION ITEM 7

Provider Report

The presenting member then reviewed the Provider report. He described a survey conducted state-wide, in which providers expressed a strong preference for a system of standardization among public and private insurers. They hope the Exchange can streamline the process and provide for consistency between Medicaid and private carriers in such aspects as credentialing, private authorizations, billing procedures, services covered, denials, administration, forms, and so on. He also stressed the desirability of simplifying the application process, and suggested a single application might be approved and treatment received upon approval from any provider, whether through Medicaid or an Exchange provider.

Participants discussed various aspects of the study and challenges in the system. They examined the possibility of existing behavioral health facilities accommodating the predicted influx of patients with the expected Medicaid expansion. While a majority of providers surveyed indicated a capacity to expand their practices and receive more patients, Dr. Herzog felt strongly that there will be an insufficient number to accommodate the expansion.

Dr. Herzog asked what had been revealed regarding treatment across state lines. He said that most providers accept Medicaid and Salud!, but wondered how networks will work within

the Exchange. Members discussed the question, and believed that this will be negotiated with each provider under the Exchange, similar to the current system.

DISCUSSION ITEM 8

Spanish Speaking Outreach Report

Ms. Gonzales described the results of Exchange-related research among the Spanish-speaking community. Respondents concurred with the necessity of outreach and education conducted in Spanish, supported with Spanish broadcast and printed media. She described a certain over-estimation in comprehension among current outreach workers in the Spanish-speaking community. She said that while an individual might seem to speak or understand a certain amount of English, it is not certain that they will understand the vocabulary of the health insurance environment. As a result, the report recommended the use of trained interpreters serving as Navigators and in healthcare support and enrollment assistance.

DISCUSSION ITEM 9

Individuals with Disabilities Report

The report for Individuals with Disabilities revealed a generally low level of comprehension of the PPACA and Exchange-related issues. Recommendations include outreach personnel and other Exchange support staff that are educated in disability and behavioral health awareness; and Exchange physical facilities further modified to accommodate the disabled.

Media accommodations recommended including outreach and education media produced in a variety of formats, including screen readers for the visually impaired on the Exchange website; and written media provided in braille, large print, and electronic files. Sign language interpretation and phone assistance for the deaf were also recommended. The disability community hopes for Navigators that are trusted and integrated members of the community, and also recommended implementing the basic health plan for the disabled.

DISCUSSION ITEM 10

LGBT Report

Mr. Horowitz presented the results of the LGBT Community report, in which there were two main concerns: that the population in general was twice as likely to be uninsured as the non-LGBT population; and that there is rarely family policy coverage for the partner of an LGBT consumer. Another item in the report addressed a concern of the transgender community, in which the insured is compelled to specify gender on application forms, but may need treatment for issues related to the opposite gender. There was also a concern regarding those with HIV, in which continuation of coverage of the expensive medical regimen was crucial to avoid complications when the consumer moves between insurance options, to mitigate churn and avoid exacerbation of symptoms.

In later conversation Mr. Horowitz pointed out that lack of partner coverage was not strictly an LGBT issue, as unmarried heterosexual couples have the same challenge. The group discussed tax credits in this context, and other complexities of the system, such as insurance coverage for foster children that qualify for Medicaid within a family that otherwise does not. The group was united in agreeing upon the importance of effective outreach and education, and selection of qualified Navigators/Assisters for the community. A member suggested the

Work Group might make this recommendation, that staff in existing support facilities already integrated into the community be utilized as Navigators/Assisters. Mr. Nuñez described outreach and education efforts currently underway within the Exchange.

DISCUSSION ITEM 11

Young Adults Report

Mr. Horowitz continued with the results of the Young Adults report. In general, healthy young adults tend to perceive the Exchange and its services as complicated and largely irrelevant in their lives. However, young people who had experienced health complications or difficulties with insurance coverage for themselves or family members tended to be more vested in the outcome of universal coverage. Young adults tended to respond positively to effective outreach and education.

Agenda Item 3: Report on Navigators

Name: Babette Saenz

DISCUSSION ITEM 1

Review of Other Work Group Conclusions Regarding Navigators

Ms. Saenz reiterated the importance of Navigators being trusted individuals, and well integrated into the communities they serve. She suggested that the Work Group make a formal recommendation for presentation to the Task Force, that existing individuals working in healthcare support roles be utilized as Navigators/Assisters for the Task Force.

Ms. Saenz suggested that Navigators/Assisters be recruited from hospitals, emergency rooms and other likely locations for first point of contact for healthcare assistance; and enrollment be made available at these locations. She felt that rather than being provided contact information, patients be given a warm handoff to an on-site Navigator/Assister at the locations where treatment or healthcare answers are sought, and education and enrollment assistance be provided onsite.

DISCUSSION ITEM 2

Continuation of Coverage

Participants briefly discussed scenarios in which discontinuation of coverage might occur and re-enrollment be required. They examined various churn scenarios, as eligibility for coverage varies based on changing income or lack of premium payment. A participant mentioned possible complications in continuation of coverage following plan termination prior to the open enrollment window. They discussed the possibility of consumers opting for the tax penalty and continuing without coverage. Members recognized the risk of this occurring with the seriously ill, such as those with AIDS or cancer, and coverage options for chronic conditions.

Agenda Item 4: Sanderoff Report

Name: Babette Saenz

DISCUSSION ITEM 1

Presentation of Sanderoff Report

Ms. Saenz presented statistics from the Sanderoff Report to the Work Group:

- 62% of uninsured survey respondents report having been insured at some point in the

past.

- Over 25% of uninsured lost or dropped coverage within the last nine months of 2011.
- 38% of those surveyed report never having had insurance as adults.
- Of those never before insured:
 - Under age 25: 64%
 - High school education or less: 51%
 - Hispanic: 44%
 - Native American: 51%
 - Household income under \$30,000: 43%
- Cost is the primary reason for both noninsurance (77%) and for choosing a plan.
- 41% of uninsured indicate they have researched coverage options in the last 2 years.
- 59% of respondents claim a good understanding of basic health insurance.
- 40% appear to struggle with basic health insurance concepts.
- 60% claim familiarity with healthcare reform laws.
- 82% believe, after basic explanation, that the Exchange is a good idea.
- Average uninsured profile:
 - 25% of 18-24 years olds are uninsured
 - Household income under \$20,000: 42%
 - High school education or less: 43%
 - Some college experience: 42%
 - 4-year college degree or higher: 15%
 - Currently employed: 55%
 - Employed full-time: 25%
 - Part-time employment: 15%
 - Have a doctor they see regularly: 40% (much lower than general population)
- Large majority of currently uninsured residents appear likely to use a health insurance Exchange.
- The uninsured like the idea of one-stop shopping, easy comparison, and discounted rates.
- Although the vast majority of respondents seem to like the idea of a health care Exchange, there appears to very little understanding of both the PPACA and the concept of the Exchange.
- Effective outreach and education efforts among the uninsured, particularly among the young, those with lower levels of income and/or education, the Hispanic community and Native American populations, are crucial in establishing a successful Exchange.

Ms. Saenz solicited group responses to the data, and specified the date of the report as May 2011. Participants discussed the deadline of October 2013 for the Exchange implementation and effective outreach programs to educate the public prior to that date.

Members expressed a lack of satisfaction with outreach and marketing efforts to date, but Ms. Saenz described the media blitz that was about to occur, and the legislative delays that have prevented some attempts so far to educate the public. She said the Education and Outreach Work Group had addressed this with many useful recommendations.

DISCUSSION ITEM 2

Review and Discussion of Prior Recommendations

Ms. Saenz reviewed conclusions reached during the first Program Integration Work Group Meeting:

- During the enrollment process, consumers should be automatically screened and notified of eligibility for other public programs.

Ms. Saenz explained that the ASPEN program should trigger an automatic program of eligibility screening and consumer notification, as discussed.

- Expand Navigator/Assister training role to include awareness of other programs and a facilitated hand-off, which will now be termed a “soft transition.”

Ms. Saenz felt that the Exchange was going in this direction as well, and commended the group for their “on-target” recommendations.

- Utilize staff from existing healthcare support services, already well-integrated into their various communities, to staff the Navigator/Assister program.

Ms. Saenz felt that the total number of Navigators and exact locations were difficult things to decide at the moment for many regions, and felt the group had insufficient data to proceed with a recommendation in this regard. She noted that the large number of first-point-of-contact healthcare workers in urban areas, for example, saying that it was unknown whether all of them would need to be trained in this role.

A member described the role of application counselors, a federally-assisted type of patient benefits coordinator, already on staff at many healthcare offices. She described the education, eligibility screening, and enrollment assistance already being provided on-site in many emergency rooms, hospitals and other healthcare facilities, fulfilling a role similar to the one envisioned for the Navigator/Assister.

Another member described the services provided by Income Support Division (ISD) offices, and that perhaps the Work Group might recommend the placement of Navigators in these locations as healthcare and eligibility questions frequently arise. Ms. Saenz stated that this had already been discussed, and it had been decided that the Exchange call center will be

used instead in these cases, with ISD workers referring visitors to the appropriate phone number or Navigators.

A member suggested that instead of recommending a detailed structure for the Navigator program, perhaps softer guidelines might be useful, to allow the program to adapt as needed to meet demand. Another member described cost considerations, and stated that requiring those currently working in roles similar to the Navigator to gain the additional training but not pay them a requisite amount for this additional expertise and workload was unfair. She also expressed concern that the Aspen program only links with eligibility ISD programs, and not relevant Department of Health (DOH) programs or other community programs that may be relevant for the patient (e.g., cancer screening programs, Children’s Medical Services, WIC, etc.).

A participant pointed out the distinction between public healthcare services in general and the realm of health insurance, and that some of these services might be outside the scope of the Exchange. Mr. Horowitz felt that requiring a basic awareness was in line with the group’s prior recommendation. The group examined the relative ease with which a variety of relevant printed media and educational material might be made available at Navigator staffing locations, rather than requiring specific expertise in the various programs from the Navigators.

DISCUSSION ITEM 3

Work Group Recommendations

In light of this discussion, Ms. Saenz restated the recommendations of the Work Group as follows:

- Navigators/Assisters should be individuals known and trusted in the community, should “look like” the populations they serve, including Navigators placed in ISD/DOH offices.
- Navigators/Assisters should be accessible in-person, by electronic media or by telephone. (There was also some discussion that application counselors who do the same work as Navigators should be considered in this process, although not a formal recommendation made.)
- Marketing should be done around open enrollment periods, and should be specific to the following groups: high risk pools, Native American populations, non-Medicaid population, and young adults.
- Marketing materials should be in the appropriate languages – Spanish, Navajo, other written native languages.

Work Group members then discussed their prior recommendation that the Exchange should include presumptive eligibility. A member pointed out the cost and administrative burden to the Exchange, and Ms. Saenz wondered whether Aspen would service this concern. Another

participant pointed out that the Exchange might reasonably assume a certain likelihood of eligibility for Medicaid based on income criteria, and then refer the consumer to the appropriate office. Members discussed the seamless transfer of data to the appropriate office, and the way this might expedite the step of presumptive eligibility in Medicaid enrollment.

Mr. Nuñez pointed out the primary advantage of presumptive eligibility, the reason for its institution, was to assume the benefits of coverage to an uninsured individual in immediate need of care at a healthcare facility. He explained that consumers researching an insurance product were not likely to be in this position. He said that this should be considered, but regulations would likely determine the outcome. Members discussed this, and the implications of presumptive eligibility in the context of the open enrollment period. Mr. Horowitz felt strongly that any individual approaching a Navigator should leave with an idea of coverage.

Mr. Nuñez described the ongoing and complicated nature of existing Exchange implementation, and the challenges of full completion of the basics by the deadlines. He advised the group to consider this as they discussed possible regulatory issues such as presumptive eligibility. He reminded members that there will be more than one phase of development, and relevant issues can continue to be addressed over time.

A prior group recommendation had addressed client authorization given to Navigators/Assisters who access sensitive personal information. It was felt that Aspen and possibly regulations might address the question and no formal recommendation was made in this regard.

CONCLUSION:

Name: Babette Saenz

In final comments, a member suggested the creation of a list of proposed recommendations for discussion at this meeting. Another member enquired whether the “no wrong door” and “express lane” concepts would be discussed. Ms. Saenz noted that the “express lane” was of particular concern to the Native American population only, and would not be discussed by this Work Group. She said that the “no wrong door” approach, however, might be discussed.

Ms. Saenz thanked the group for their participation, and particularly for their research and presentations. She expressed a desire to forward some of the content of the presentations to the Task Force, along with other research and group recommendations.

Ms. Saenz then noted the date of the following meeting as February 19th at the same location. She asked permission to extend the length of the meeting to three hours, from 9:00-12:00. This was agreed to by the Work Group. Ms. Saenz then adjourned the meeting.