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FISCAL IMPACT REPORT

ORIGINAL DATE 02/11/14
SPONSOR Ortiz y Pino **LAST UPDATED** _____ **HM** _____

SHORT TITLE Report Health Care Coverage Data **SM** 89

ANALYST Geisler

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY14	FY15	FY16	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$15.7	\$15.7	\$31.4	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicates: HM 66

SOURCES OF INFORMATION

LFC Files

Responses Received From

Human Services Department (HSD)

Office of Superintendent of Insurance (OSI)

New Mexico Health Insurance Exchange (HIX)

SUMMARY

Synopsis of Bill

Senate Memorial 89 requests the Human Services Department (HSD), the New Mexico Health Insurance Exchange (HIX) and the Office of the Superintendent of Insurance (OSI) to report health care coverage data relating to Medicaid and the HIX. The requested data from HSD and NM HIX would be published in a monthly report that would be available to the public in both print and on an Internet website. The requested data would include both high-level and detailed eligibility and enrollment indicators for Medicaid and HIX coverage, such as number of applications, reasons for disenrollment, and access to preventive services; and would be reported by income level, race/ethnicity, gender, age bracket and zip code. SM 89 also requests OSI to provide a quarterly reporting on grievances and appeals against carriers offering qualified health plans through NM HIX.

FISCAL IMPLICATIONS

HSD assumes a general fund impact, but the cost would be matchable with federal funds.

SM 89 would require additional dedicated staff time to manage, collect, organize, publish and distribute the requested data. HSD estimates that it would need to allocate .25 FTE to this function, as well as requiring additional budget for printing costs, since SM 89 requests that the data be published in print monthly.

The required staff cost for .25 FTE would be approximately \$9,675 general fund (\$19,350 combined state and federal funds) per fiscal year, and the cost for printing and distribution would be approximately \$6,000 general fund (\$12,000 combined state and federal funds) per fiscal year. The total fiscal impact to HSD would be approximately \$15,675 general fund per fiscal year (\$31,350 combined state and federal funds). (Because the state's general fund cost would be associated with administration of the Medicaid program, the general fund portion would be matched by the federal government at a rate of 50 percent of the total cost.)

OSI noted that added reporting would require some additional staff resources but did not provide a fiscal impact.

SIGNIFICANT ISSUES

HSD notes that research is needed to determine whether all of the data outlined in SM 89 are available at the requested level of detail. OSI points out that data presumed to be available via HIX and OSI would have to come from the federal marketplace in 2014.

ADMINISTRATIVE IMPLICATIONS

SM 89 would require the creation and management of regular reporting intervals for both the state's Medicaid eligibility system (ASPEN) and Medicaid Management Information System (MMIS). As noted in the Fiscal Implications section above, SM 89 would also require additional dedicated staff time to manage, collect, organize, publish and distribute the requested data.

There is an IT impact for a business analyst to analyze the reporting requirements, create the ad-hoc reports, and update the appropriate HSD Web sites.

OTHER SUBSTANTIVE ISSUES

HSD Update on Medicaid Expansion Enrollment

In addition, SM 89 states that there are persistent enrollment barriers that prevent people from getting the health care coverage for which they are eligible and that result in administrative waste. HSD notes that most of the barriers to streamlined eligibility and enrollment referenced in SM 89 have been successfully addressed and corrected, or are in the process of being quickly resolved. HSD continues to work closely with both applicants and NM HIX to streamline enrollment and expedite coverage of individuals under the appropriate health insurance program.

HSD has made extra efforts to use information sent to it by the federal exchange (FFM) to try to get individuals enrolled without requiring them to submit a new application. These lists of individuals sent by the FFM do not have enough information on them for HSD to process the application. HSD has matched individuals on the list to in-process applications and moved those applications forward. For those individuals for which no match was found, HSD has filled out an application as much as possible and then sent a letter to the applicant for more information.

HSD has enrolled 63,000 individuals into Medicaid without requiring an application from them. HSD assessed recipients in the State Coverage Insurance (SCI) program and the family planning eligibility category for Medicaid eligibility and automatically enrolled them in Medicaid effective on January 1, 2014.

HSD/Medical Assistance Division are training all presumptive eligibility determiners on the new eligibility rules and expanding presumptive eligibility determination for the expansion adults to hospitals, prisons, jails and Indian health providers.

Also, in late 2013 HSD/Medical Assistance Division staff conducted over 250 outreach events throughout the state to educate Medicaid recipients and potential Medicaid eligible about Centennial Care and Medicaid expansion.

HIX Update

Small Business SHOP enrollment: 367 enrollees. Individual enrollment at federally facilitated marketplace (FFM): 7,688 individual enrollees.

The HIX notes that it is operating a fully functional SHOP and that they are encouraged by the surge of individual enrollments. At the end of October the HIX had 172 enrollees, much due to the glitches with healthcare.gov and having to delay the marketing campaign. As of December 28th, the HIX had a more than eight fold increase to almost 8,000 members and expects the trend to continue. The HIX looks forward to getting more data on specific demographic/geographic enrollment to better refine its efforts.

HSD reports weekly and monthly performance indicators associated with implementation of the Patient Protection and Affordable Care Act (ACA), as defined and required by the Centers for Medicare and Medicaid Services (CMS). HSD also publishes monthly Medicaid eligibility reports that include Medicaid enrollment and demographic data. Some of the data requested in SM 89 may duplicate these other efforts.

In addition, SM 89 requests that the data be published monthly and made available to the public in print. It is unclear how or to what extent HSD would be requested to distribute printed reports to the public. HSD currently makes data available in a readable and downloadable format on its website. Data are not generally made available or distributed in print.

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