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HOUSE MEMORIAL 66

51ST LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2014

INTRODUCED BY

James Roger Madalena

A MEMORIAL

REQUESTING THE HUMAN SERVICES DEPARTMENT, THE NEW MEXICO HEALTH INSURANCE EXCHANGE AND THE OFFICE OF SUPERINTENDENT OF INSURANCE TO REPORT HEALTH CARE COVERAGE DATA RELATING TO MEDICAID AND THE NEW MEXICO HEALTH INSURANCE EXCHANGE.

WHEREAS, on January 1, 2014, more than three hundred fifty thousand uninsured New Mexicans became eligible for health coverage through expanded medicaid coverage and qualified health plans through the New Mexico health insurance exchange; and

WHEREAS, the New Mexico health insurance exchange and the expansion of medicaid will bring billions of federal dollars into the state's economy each year, creating thousands of jobs; and

WHEREAS, health care coverage through medicaid and the New
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1 Mexico health insurance exchange provides financial security
2 and helps New Mexicans access primary care, preventive care,
3 behavioral health services and other medically necessary care;
4 and

5 WHEREAS, there continue to be persistent enrollment
6 barriers that prevent people from getting the health care
7 coverage for which they are eligible and that result in
8 administrative waste; and

9 WHEREAS, although individuals and families may apply for
10 medicaid coverage through both the New Mexico health insurance
11 exchange as well as the human services department, the exchange
12 cannot sign someone up for medicaid coverage and must refer
13 those whom it deems eligible to the human services department
14 for a later determination; and

15 WHEREAS, as a result of having to be referred to the human
16 services department from the New Mexico health insurance
17 exchange, applicants for medicaid may be susceptible to losing
18 coverage or never getting enrolled if their applications are
19 transferred between medicaid and the exchange; and

20 WHEREAS, low-income families who apply for coverage
21 through the New Mexico health insurance exchange are at risk of
22 not finding coverage on the exchange or of lacking the
23 information necessary to choose a cost-appropriate qualified
24 health plan, which may result in them choosing low-premium
25 plans with very high out-of-pocket costs and little actual

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1 access to health care; and

2 WHEREAS, New Mexico should ensure that health plans
3 through medicaid or the New Mexico health insurance exchange
4 offer an adequate network of health care providers and needed
5 services; and

6 WHEREAS, both the human services department and the New
7 Mexico health insurance exchange are developing new computer
8 systems to enroll New Mexicans in health care coverage,
9 providing an unprecedented opportunity to collect data on
10 enrollment trends and health care disparities; and

11 WHEREAS, accountability for public health care dollars is
12 necessary to ensure that more New Mexicans have access to the
13 health care they need and that millions of federal and state
14 dollars are not wasted;

15 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
16 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the human
17 services department and the New Mexico health insurance
18 exchange be requested to publish a monthly report that is
19 available to the public in print and on an internet web site
20 and that includes the following data on health care coverage
21 enrollment:

22 A. the number of applicants who applied for
23 coverage through the New Mexico health insurance exchange;

24 B. the number of applicants who applied for
25 coverage through the human services department;

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1 C. the number of applicants who successfully
2 enrolled in either medicaid or a qualified health plan after
3 applying for coverage through the New Mexico health insurance
4 exchange;

5 D. the reasons why coverage in a qualified health
6 plan was denied to unsuccessful applicants;

7 E. the reasons why coverage in medicaid was denied
8 to unsuccessful applicants;

9 F. the number of applicants who the New Mexico
10 health insurance exchange referred to the human services
11 department and the number of these applicants who have
12 successfully enrolled in medicaid;

13 G. the number of applicants who applied for
14 coverage through the human services department, who the human
15 services department referred to the New Mexico health insurance
16 exchange and who were successfully enrolled in a qualified
17 health plan;

18 H. relating to applications for renewal of medicaid
19 coverage:

20 (1) the number of applicants whose medicaid
21 enrollment was successfully renewed; and

22 (2) the number of applicants whose
23 applications for medicaid renewal were unsuccessful, including
24 the reasons for denying each renewal application;

25 I. the number of applicants who applied for a

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1 qualified health plan coverage through the New Mexico health
2 insurance exchange and who were unsuccessful, including the
3 reason for denying the application;

4 J. the point-in-time number of individuals
5 disenrolled from medicaid coverage, listed according to each
6 medicaid health plan from which the individuals were
7 disenrolled, the reasons for their disenrollment and how many
8 of those individuals were re-enrolled in medicaid coverage
9 within the succeeding six-month period;

10 K. the point-in-time number of individuals
11 disenrolled from qualified health plan coverage, listed
12 according to each qualified health plan from which the
13 individuals were disenrolled, and the reasons for their
14 disenrollment;

15 L. the number of New Mexicans who qualified for
16 financial assistance through the New Mexico health insurance
17 exchange;

18 M. according to income bracket, enrollment in each
19 of the offered levels of coverage, by actuarial value;

20 N. the number and types of exemptions the New
21 Mexico health insurance exchange has granted to applicants for
22 exemption from the requirement to obtain health care coverage;

23 O. information comparing provider network adequacy
24 for each qualified health plan and medicaid health plan;

25 P. data on how many individuals who enrolled in

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1 medicaid and in qualified health plans accessed preventive
2 care;

3 Q. the number of individuals who have received
4 early prevention, screening, diagnosis and treatment services
5 for children; and

6 R. the number of adverse actions against medicaid
7 enrollees; and

8 BE IT FURTHER RESOLVED that the office of superintendent
9 of insurance be requested to provide quarterly reporting on the
10 number and types of grievances and appeals of adverse
11 determination made against carriers offering qualified health
12 plans; and

13 BE IT FURTHER RESOLVED that all data requested pursuant to
14 this memorial be reported on a quarterly basis by race and
15 ethnicity, gender, age bracket, zip code and the following
16 income brackets:

17 A. zero to one hundred thirty-eight percent of the
18 federal poverty level;

19 B. one hundred thirty-eight percent to two hundred
20 percent of the federal poverty level;

21 C. two hundred percent to two hundred fifty percent
22 of the federal poverty level; and

23 D. two hundred fifty percent to four hundred
24 percent of the federal poverty level; and

25 BE IT FURTHER RESOLVED that the human services department,

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1 the New Mexico health insurance exchange and the office of
2 superintendent of insurance be requested to report on their
3 progress in collecting and analyzing data at least twice during
4 the 2014 interim and each interim thereafter; and

5 BE IT FURTHER RESOLVED that copies of this memorial be
6 transmitted to the governor, the superintendent of insurance,
7 the secretary of human services, the executive director of the
8 New Mexico health insurance exchange, the legislative finance
9 committee and the legislative health and human services
10 committee.

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