

A MEMORIAL

REQUESTING THE HUMAN SERVICES DEPARTMENT, THE FEDERALLY FACILITATED MARKETPLACE, THE NEW MEXICO HEALTH INSURANCE EXCHANGE AND THE OFFICE OF SUPERINTENDENT OF INSURANCE TO REPORT HEALTH CARE COVERAGE DATA RELATING TO MEDICAID, THE FEDERALLY FACILITATED MARKETPLACE 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 federally facilitated marketplace; and

WHEREAS, as of January 1, 2015, New Mexicans may seek qualified health plan coverage through the New Mexico health insurance exchange, which currently only offers small-group coverage through its small business health options program or "SHOP" exchange; and

WHEREAS, the sale of qualified health plans 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 federally facilitated marketplace provides financial security and helps New Mexicans access primary care, preventive care,

behavioral health services and other medically necessary care;
and

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

WHEREAS, although individuals and families may apply for medicaid coverage through both the federally facilitated marketplace as well as the human services department, the exchange cannot sign someone up for medicaid coverage and must refer those whom it deems eligible to the human services department for a later determination; and

WHEREAS, as a result of having to be referred to the human services department from the federally facilitated marketplace, applicants for medicaid may be susceptible to losing coverage or never getting enrolled if their applications are transferred between medicaid and the exchange; and

WHEREAS, low-income families who apply for coverage through the federally facilitated marketplace are at risk of not finding coverage on the exchange or of lacking the information necessary to choose a cost-appropriate qualified health plan, which may result in them choosing low-premium plans with very high out-of-pocket costs and little actual access to health care; and

WHEREAS, New Mexico should ensure that health plans through medicaid, the federally facilitated marketplace or the New Mexico health insurance exchange offer an adequate network of health care providers and needed services; and

WHEREAS, the human services department, the federally facilitated marketplace and the New Mexico health insurance exchange are developing new computer systems to enroll New Mexicans in health care coverage, providing an unprecedented opportunity to collect data on enrollment trends and health care disparities; and

WHEREAS, until January 1, 2015, the federally facilitated marketplace, and not the New Mexico health insurance exchange, owns and controls data related to health coverage enrollment, financial assistance eligibility and health coverage exemptions; and

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

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

enrollment:

A. the number of applicants who applied for coverage through the federally facilitated marketplace;

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

C. the number of applicants who applied for coverage through the federally facilitated marketplace who successfully enrolled in a qualified health plan;

D. the number of applicants who applied for coverage through the human services department who successfully enrolled in medicaid;

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

F. the reasons why coverage in medicaid was denied to unsuccessful applicants;

G. the number of applicants whom the federally facilitated marketplace referred to the human services department and the number of these applicants who have successfully enrolled in medicaid;

H. the number of applicants who applied for coverage through the human services department, whom the human services department referred to the federally facilitated marketplace and who were successfully enrolled in a qualified health plan;

I. relating to applications for renewal of

medicaid coverage:

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

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

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

K. the number of New Mexicans who qualified for financial assistance through the federally facilitated marketplace;

L. according to income bracket, enrollment in each of the offered levels of coverage;

M. the number and types of health care coverage exemptions that the federally facilitated marketplace has granted to applicants;

N. the number of individuals who have received early prevention, screening, diagnosis and treatment services for children; and

O. the number of adverse actions against medicaid enrollees; and

BE IT FURTHER RESOLVED that the New Mexico health insurance exchange and the human services department be requested to report annually information comparing provider network satisfaction for each qualified health plan and medicaid managed-care plan; and

BE IT FURTHER RESOLVED that the New Mexico health insurance exchange be requested to provide data, after the close of the federally facilitated marketplace's open enrollment period, on how many applications for health care coverage were initiated but not submitted and what eligibility data was left incomplete on the applications; and

BE IT FURTHER RESOLVED that the office of superintendent of insurance be requested to provide:

A. quarterly reports on the number of individuals disenrolled from qualified health plan coverage, listed according to each qualified health plan from which the individuals were disenrolled; and

B. reports at least twice each year on the number and types of grievances and appeals of adverse determinations made against carriers offering qualified health plans; and

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

A. zero to one hundred thirty-eight percent of the

federal poverty level;

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

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

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

BE IT FURTHER RESOLVED that the New Mexico health insurance exchange be requested to build reporting capacity for the data requested pursuant to this memorial in any information technology system it implements; and

BE IT FURTHER RESOLVED that the human services department, the New Mexico health insurance exchange and the office of superintendent of insurance be requested to report to the legislative health and human services committee and the legislative finance committee on their progress in collecting and analyzing data pursuant to this memorial at least twice during the 2014 interim and each interim thereafter; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the governor, the superintendent of insurance, the secretary of human services, the director of the United States department of health and human services' center for consumer information and insurance oversight, the executive director of the New Mexico health insurance exchange, the legislative finance committee and the legislative health and

human services committee.