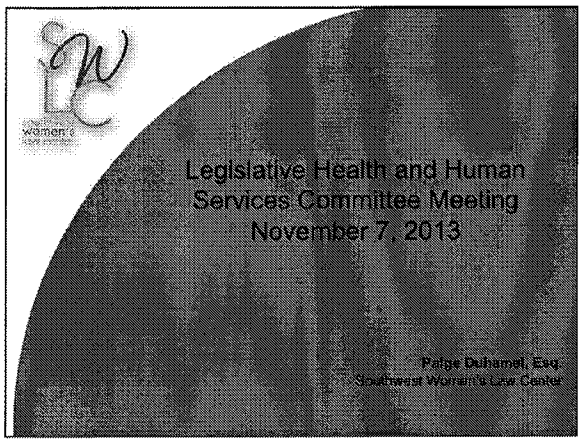
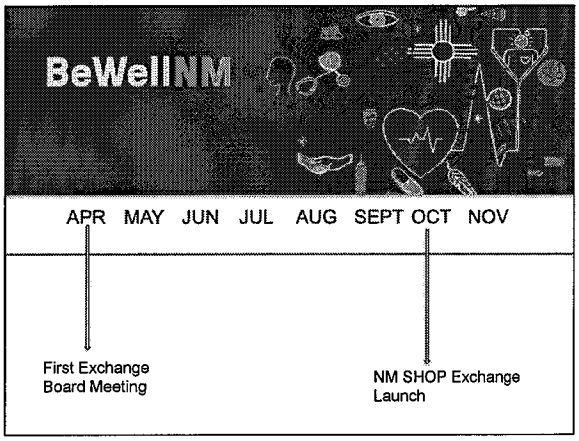
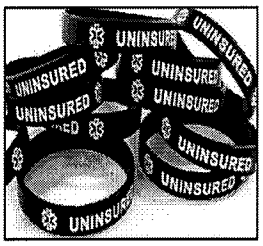




Exchange's Heavy Lifting

- Launched NM SHOP Exchange
- Selected healthcare guide organization and certified approximately 300 healthcare guides
- Branded NMHIX and launched BeWellNM
- Selected and set up New Mexico-based call center
- Hired staff for Exchange
- Leased space for Exchange

Exchange Eligible Uninsured New Mexicans



- New Mexico currently has 448,000 people uninsured
- New Mexico ranks 2nd worst in the nation for rate of uninsured
- Approximately 229,000 uninsured Exchange eligible
- A lot of work left to do!

Chart based on RWJF Report Oct. 2013

Stakeholder Advisory Committee

The (Exchange) board *shall* make appointments to and duly consider the recommendations of an advisory committee or committees made up of stakeholders including:

- health insurance issuers
- consumers
- providers
- practitioners
- brokers
- qualified employer representatives
- advocates for low-income or underserved residents

Senate Bill 221 – 589, Section S(2)

Stakeholder Advisory Committee

- Until recently, no movement in creating advisory committee
- Meeting with advocates, Exchange proposed creating advisory committee made solely of contractors with Exchange
  - Excludes many voices legislature intended to include as members of stakeholder advisory committee
  - Only groups who may feel constrained in their advice to Exchange because of financial ties proposed

Importance of Diverse Advisory Committee

- Inclusion of much needed technical expertise and experience with consumer needs
  - More efficient use of resources by Exchange
  - More effective outreach and enrollment tactics
  - Better communications to more diverse groups
- LEGISLATURE SHOULD ENSURE THAT STAKEHOLDER ADVISORY COMMITTEE MEETS INTENT OF EXCHANGE LEGISLATION

In-reach v. Outreach

- In-reach
  - Clinics and hospitals conduct education and enrollment of patients seeking health care services
    - Will mean that only those currently needing or seeking medical services receive coverage
    - Premium rates for Exchange are currently competitive – in-reach may drive up the costs

In-reach v. Outreach

- Outreach
  - Exchange conducts education and outreach activities to diverse groups outside of clinics and hospitals
    - Will ensure that healthy people enroll in Exchange coverage
    - Enrolling health people keeps premiums competitive

In-reach v. Outreach

- Exchange's Current Enrollment and Outreach Contracts
  - Primary Care Association - $4.3 Million for enrollment services at clinics and hospitals around the state
  - Native American Professional Parent Resources - $1.4 Million for outreach and enrollment at Pueblos and tribal healthcare clinics
  - Funding to outreach orgs - $893,500

In-reach v. Outreach

- Exchange's Outreach Contracts
  - ACI - $168,500
  - UNM/NMSU/Higher Education - $350,000
  - New Mexico Association of Counties - $150,000
  - Albuquerque Hispano Chamber of Commerce - $125,000
- Ten $10,000 grants awarded to Delta Consulting Group, Disability Rights New Mexico, East Central Ministries, Elevalle South Valley Health Communities Collaborative, Embrace/Soy Mariachis, Equality NM, NM Blues Society, NM Direct Caregivers, NM Green Chamber, Rio Arriba Health and Human Services Department, SWLC

In-reach v. Outreach

Total funding for outreach and enrollment activities: $6,593,500

Percentage allocated to in-reach: 65%

OPEN QUESTIONS:

- What affect will such a large portion of funding for in-reach have on Exchange enrollment?

- What can the Exchange do to better fund outreach to healthier New Mexicans?

Additional Federal Funding Asks

- November 15th Federal Funding Deadline
- Majority of federal funding request will go to IT to make Exchange talk to Medicaid enrollment services
- Additional $5 million on top of $7.5 for contract with BVK for marketing and PR = $12.5 million
  - PR and Marketing has been funded at twice the level of in-person outreach and enrollment services
- $1 million for Native American Service Center

Additional Federal Funding Asks

OPEN QUESTIONS

- Will the Exchange successfully educate and enroll NM's 229,000 non-Medicaid eligible uninsured with current levels of outreach funding?
- Is it efficient to fund PR and marketing at twice the level of in-person outreach and enrollment assistance?
- Will the Exchange use Native American Service Center funding to fund Native American Service Center?

Additional Federal Funding Asks

Advocate recommendations

- Use Native American Service Center funding to actually fund Native American Service Center (or Centers)
- Request Exchange Board increase funding to in-person outreach and enrollment services.
  - Allocate additional $5 million for PR and Marketing to increase in-person outreach and enrollment services
- Fund NM's community health workers' programs to do education and outreach in communities

Financial Stability of Exchange

- Little to no discussion of Exchange's future financial sustainability
- Rejection of authority to assess plans for first years of the Exchange
  - Will rely on possibly unstable federal funding to sustain Exchange's operations for 2014 and 2015
- Advocates recommend Exchange use assessment authority to provide cushion for operations funding

Basic Health Plan Program

- In Albuquerque, a mother of two children needs $3,354 to live
  - But a family of three at 150% of the poverty level is only making $2,442 per month
  - At end of month, family already over $500 short each month to meet basic expenses
  - Health insurance may not be affordable to many individuals, even at subsidized rates
  - Bronze plans unaffordable with high out of pocket costs

Basic Health Plan Program

- Advocates recommend:
  - Legislature fund an actuarial value study for the basic health plan option
  - Review effects of gaps in coverage of lowering eligibility levels for Medicaid coverage for services like family planning coverage and requiring lowest income Exchange eligible to purchase insurance

Questions?

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