

HOUSE HEALTH, GOVERNMENT AND INDIAN
AFFAIRS COMMITTEE SUBSTITUTE FOR
HOUSE MEMORIAL 66

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

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

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1 "SHOP" exchange; and

2 WHEREAS, the sale of qualified health plans and the
3 expansion of medicaid will bring billions of federal dollars
4 into the state's economy each year, creating thousands of jobs;
5 and

6 WHEREAS, health care coverage through medicaid and the
7 federally facilitated marketplace provides financial security
8 and helps New Mexicans access primary care, preventive care,
9 behavioral health services and other medically necessary care;
10 and

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

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

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

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

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

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

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

23 WHEREAS, accountability for public health care dollars is
24 necessary to ensure that more New Mexicans have access to the
25 health care they need and that millions of federal and state

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1 dollars are not wasted;

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

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

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

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

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

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

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

23 G. the number of applicants whom the federally
24 facilitated marketplace referred to the human services
25 department and the number of these applicants who have

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1 successfully enrolled in medicaid;

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

7 I. relating to applications for renewal of medicaid
8 coverage:

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

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

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

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

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

25 M. the number and types of health care coverage

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1 exemptions that the federally facilitated marketplace has
2 granted to applicants;

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

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

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

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

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

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

25 B. reports at least twice each year on the number

1 and types of grievances and appeals of adverse determinations
2 made against carriers offering qualified health plans; and

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

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

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

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

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

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

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

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

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