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SENATE MEMORIAL 89

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

INTRODUCED BY

Gerald Ortiz y Pino

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 SENATE OF THE STATE  
3 OF NEW MEXICO that the human services department and the New  
4 Mexico health insurance exchange be requested to publish a  
5 monthly report that is available to the public in print and on  
6 an internet web site and that includes the following data on  
7 health care coverage enrollment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24           M. the number and types of health care coverage  
25 exemptions that the federally facilitated marketplace has

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1 granted to applicants;

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

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

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

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

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

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

24 B. reports at least twice each year on the number  
25 and types of grievances and appeals of adverse determinations

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1 made against carriers offering qualified health plans; and

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

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

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

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

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

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

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

25 BE IT FURTHER RESOLVED that copies of this memorial be

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1 transmitted to the governor, the superintendent of insurance,  
2 the secretary of human services, the director of the United  
3 States department of health and human services' center for  
4 consumer information and insurance oversight, the executive  
5 director of the New Mexico health insurance exchange, the  
6 legislative finance committee and the legislative health and  
7 human services committee.

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