

# New Mexico Progress Report

## STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

### OVERVIEW

States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have acted to make their markets more patient-focused. This scorecard evaluates states based on five key areas that assess patient-friendliness of their insurance markets to promote policies that best protect patients.

### FIVE PATIENT-FOCUSED PRINCIPLES

#### NON-DISCRIMINATION

To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- No state action to limit discrimination.
- One unique platinum offering in the 2015 exchange.
- No state action on provider network requirements.
- The premium for the 2<sup>nd</sup> lowest cost silver plan is 12% lower in 2015 than it was in 2014.<sup>2</sup>

For non-discrimination metrics, relative to other states, New Mexico is an



#### TRANSPARENCY

To promote better consumer access to information about covered services and costs in exchange plans.

- [HealthCare.gov](http://HealthCare.gov) links to external provider networks and formularies and also allows consumers to filter search results. However, the website lacks a formulary search tool, a provider search tool, and calculators to help estimate tax credit or out-of-pocket expense amounts.
- No state action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, New Mexico is a



### NEW MEXICO HIGHLIGHTS

New Mexico is a supported state-based exchange. Although the state created its own exchange, called [beWellnm](http://beWellnm), it is enrolling individuals through the federal enrollment portal, [HealthCare.gov](http://HealthCare.gov).

In the 2014 plan year, 32,100 New Mexicans selected an exchange plan through [HealthCare.gov](http://HealthCare.gov). About 21% of New Mexico residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.<sup>1</sup>

New Mexico expanded Medicaid, effective in 2014.

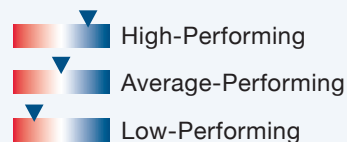
### PROGRESS LEGEND

This report measures states using two methods of evaluation:

First, the report measures a state's performance on a series of metrics related to the five principles.

- Beneficial for Patients
- Neutral for Patients
- Negative for Patients

Second, the report compares a state's aggregate performance on all metrics within each principle to other states' performance on these same metrics.



## STATE OVERSIGHT

To ensure all health insurance exchange plans meet applicable requirements.

- 1 Passive purchasing—the state does not actively negotiate with plans to participate in the exchange.
- 2 New Mexico limited 2015 exchange participation to only those issuers that joined in 2014. New issuers may offer coverage through the exchange starting in 2016.
- 3 Its effective rate review program allows the state to manage premium increases.<sup>3</sup>
- 4 Seven carriers in the 2015 exchange market.

For state-oversight metrics, relative to other states, New Mexico is an



## UNIFORMITY

To create standards to make it easier for patients to understand and compare exchange plans.

- 1 No state action to standardize benefit designs.
- 2 The quality rating system planned by the federal government for use on [HealthCare.gov](http://HealthCare.gov) will show ratings for the 2017 plan year.
- 3 No state action on standardized display of plan information.

For uniformity metrics, relative to other states, New Mexico is an



## CONTINUITY OF CARE

To broaden sources of coverage and protect patients transitioning between plans.

- 1 No state action on continuity-of-care requirements.<sup>4</sup>
- 2 New Mexico expanded Medicaid, which now covers an estimated 184,000 people in the state.

For continuity-of-care metrics, relative to other states, New Mexico is an



## A MORE PATIENT-FOCUSED NEW MEXICO MARKETPLACE

New Mexico has not exercised its full authority to regulate the exchange to promote patient protections. Although New Mexico is a state-based exchange, its reliance on HealthCare.gov for enrollment reduces its ability to influence shopping tools available to customers. New Mexico would have more control over exchange plans if the state operated its own enrollment platform; however, its recent decision to halt development of its own exchange enrollment website limits opportunities to increase health plan transparency and improve uniformity of content. As a state-based exchange, New Mexico could become an active purchaser, take further action to protect patients from discrimination, and develop continuity-of-care requirements to help patients maintain access to care. Further, the state has very few platinum plans, which limits options for the people who would benefit most—those with chronic conditions and disabilities. Contracting requirements could encourage, or potentially require, carriers to offer a platinum plan.

## METHODOLOGY

Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the [National Health Council's Putting Patients First® glossary](#).

- 1 Kaiser Family Foundation, "Estimated Number of Individuals Eligible for Financial Assistance through the Marketplaces," November, 2014, accessed via: <http://kff.org/other/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/>
- 2 Kaiser Family Foundation, "Analysis of 2015 Premium Changes in the Affordable Care Act's Health Insurance Marketplaces," January 06, 2015, accessed via: <http://kff.org/health-reform/issue-brief/analysis-of-2015-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/>
- 3 The Center for Consumer Information & Insurance Oversight, "State Effective Rate Review Programs," April 16, 2014, accessed via: [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate\\_review\\_fact\\_sheet.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/rate_review_fact_sheet.html)
- 4 Families USA, "Standards for Health Insurance Provider Networks: Examples from the States," November 2014, accessed via: [http://familiesusa.org/sites/default/files/product\\_documents/ACT\\_Network%20Adequacy%20Brief\\_final\\_web.pdf](http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_web.pdf)