



# NM Health Insurance Exchange

Consumer Feedback Meetings

## FINAL REPORT

- Las Vegas, April 28, 2011
- Portales/Clovis, May 12, 2011
- Las Cruces, May 19, 2011

### PREPARED FOR:

New Mexico Office of Health Care Reform

### PREPARED BY:

New Mexico First  
June 30, 2011



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## SECTION ONE:

# EXECUTIVE SUMMARY

## About New Mexico First

**New Mexico First** engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring together people from all walks of life to develop their best ideas for policymakers and the public. We facilitate civic deliberations for public and private sector clients such as city and county governments, the state legislature, state and national agencies, educational institutions, and business enterprises.

New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, healthcare, the economy, and energy – are available at [nmfirst.org](http://nmfirst.org).

Our state's two U.S. Senators – Jeff Bingaman and Tom Udall – serve as New Mexico First's honorary co-chairs. The organization was co-founded in 1986 by Senators Jeff Bingaman and Pete Domenici (retired).

## Purpose of General Consumer Research

New Mexico First was selected to collect, analyze, and report input from general consumers of healthcare and health insurance plans. The purpose of this consumer input is to inform the state's potential development of a New Mexico Health Insurance Exchange as a provision of the federal Patient Protection and Affordable Care Act (PPACA). New Mexico First chose to conduct the research through a series of focus group meetings and telephone interviews in the northeast, southeast, and southwest regions of the state. Sixty-nine participants from 13 different communities in nine counties participated in the research.

## Key Recommendations from General Consumers

Participants made 60 recommendations for how a health insurance exchange could be of benefit to New Mexicans. Key themes are summarized below, with additional details provided in the full report.

### Health Plan Choice and Flexibility

- Ensure there are a variety of plans offered that match consumers' life stage, healthcare needs, and income level.
- Offer plans that meet a basic standard, and then allow consumers to select optional, add-on benefits that are relevant to their needs (i.e., offer unbundled benefits, cafeteria plans).
- Make premiums and co-payments more affordable by offering plans that attract a large consumer pool and healthcare provider base as well as provide incentives for consumers who demonstrate good health habits.
- Emphasize primary care, preventive care, and hospitalization/catastrophic care benefits.
- Provide full benefits for catastrophic diseases in order to prevent financial bankruptcy.

### **Outreach and Education**

- Build public awareness and understanding regarding an exchange, well in advance of the launch, using broadcast and print media, community and workplace events, and the internet.
- Establish a community liaison office with well-informed staff to provide one-on-one service to help consumers compare plans and select the best choice.
- Develop a dedicated website that is easy to navigate, but highly interactive, that allows consumers to learn about their options and costs and build a plan that meets their needs and budget.
- Provide standardized, easy to understand information that allows side-by-side comparison of plan benefits, limits, and costs.
- Provide an interactive way to calculate and print the full costs of plans that allows consumers to see the impact of their choice of options, deductibles, co-payment levels on premiums.
- Provide information regarding insurance companies' performance record and allow consumers to rate the plans and companies.

### **Enrollment**

- Use a brief, standard application for all plans and companies.
- Allow for enrollment and changes at any time on-line, over the phone, and in-person.

### **Customer Service and Protection**

- In addition to on-line communication, provide access to customer service representatives who can answer routine questions as well as troubleshoot problems directly and quickly.
- Establish a strong ombudsman program to resolve disputes between consumers and insurance companies.
- Provide information on each plan's healthcare provider network and provider quality.
- Be an unbiased source of information, independent of insurance companies and brokers, to protect consumers' interests.

Essentially, participants who are favorable to the concept of a health insurance exchange see the possibility for more affordable insurance, better access to coverage, and higher quality plan options due to increased competition. Those who express uncertainty regarding an exchange need more information and proof that an exchange can effectively protect consumer interests. Those who are unfavorable to the concept have a range of different objections regarding funding, bureaucracy, and the involvement of government and corporations in healthcare.

## SECTION TWO:

# METHODOLOGY

New Mexico First chose to conduct the research for the general consumer stakeholder group through a series of focus group meetings and telephone interviews in the northeast, southeast, and southwest regions of the state. As noted previously, 69 participants from 13 different communities in nine counties participated in the research.

## Outreach and Recruitment

Several outreach and recruitment methods were used to gain the commitment of participants to engage in the research process in targeted communities. Key activities include:

1. Building outreach partnerships with city and county governments, civic groups, public schools, universities, student groups, healthcare providers and clinics, veterans' groups, and business organizations to publicize the meetings.
2. Forwarding email invitations to individuals and groups through the cooperation of outreach partners.
3. Posting flyers in various locations in targeted communities and distributing flyers in employee communications.
4. Publicizing the meetings through outreach partners' websites and newsletters.
5. Submitting media advisories and public service announcements to television and radio stations, as well as newspapers and online blogs, which serve each targeted community.
6. Sending email invitations to residents of targeted communities who have attended previous New Mexico First events.
7. Developing a dedicated section on the New Mexico First website to publicize the meetings.
8. Publicizing the meetings statewide through the networks of organizations such as New Mexico Medicaid, New Mexico Medical Insurance Pool, Health Action New Mexico, and the National Association of Health Underwriters.
9. Extensive phone outreach and follow-up to encourage participation.

New Mexico First regularly contacted individuals and groups in targeted communities in the four weeks prior to each scheduled meeting. Media publicized all meetings prior to the scheduled dates and covered the meetings in two communities. A list of media coverage can be provided upon request.

## Focus Group Meetings and Telephone Interviews

Focus group meetings were held in three communities in the northeast, southeast, and southwest regions of the state. Telephone interviews were completed with additional residents in the northeast region, due to the low turnout for the community meeting scheduled.

1. The Las Vegas meeting was conducted on Thursday, April 28, from 5:30-7:30pm, at the City of Las Vegas Council Chamber. Seven residents attended.
2. The Portales/Clovis meeting was conducted on Thursday, May 12, from 5:30-7:30pm, at the City of Portales Memorial Building. Fifteen residents attended.
3. The Las Cruces meeting was conducted on Thursday, May 19, from 5:30-7:30pm, at the Las Cruces Thomas Branigan Memorial Library. Thirty-one residents attended.

4. Telephone interviews were conducted with residents in northeastern New Mexico during the weeks of May 16<sup>th</sup> and May 23<sup>rd</sup>. Sixteen interviews were completed.
- 5.

Each meeting and telephone interview followed a consistent agenda that included:

1. Completion of a demographic survey
2. Educational presentation and question/answer session that introduced the concept of a health insurance exchange
3. Group discussion prompted by a series of planned questions that could inform state planners in the potential development of a health insurance exchange

The meeting/interview agenda, educational slide presentation, and demographic survey can be found in the appendix to this report.

Key points in the education presentation include:

1. Why a health insurance exchange may be required of states as a provision of the federal Patient Protection and Affordable Care Act (PPACA)
2. What functions a health insurance exchange would be expected to perform
3. Who would be eligible to use a health insurance exchange to compare, select, and enroll in a health insurance plan
4. Who would be exempt from purchasing health insurance
5. Who would be eligible to receive financial help in purchasing health insurance
6. What health insurance benefits could be provided by a health insurance exchange

The New Mexico Office of Health Care Reform defined the core areas of public input required for the research project. These core input areas include:

1. Barriers to participation in a health insurance exchange
2. Most important benefits and services to be included in health plans offered through an exchange
3. Preferred strategies for customer education, assistance, and protection
4. Anticipated level of participation in a health insurance exchange

Each meeting was lead by a discussion leader and a recorder. The opinions expressed by the participants were electronically projected to ensure understanding and accuracy. Participant preferences and recommendations were consolidated to determine those where there was a high or moderate degree of agreement and where there were exceptions specific to a region. Overall, there was a great deal of similarity in the opinions expressed in the meetings and interviews held in each region.

## SECTION THREE:

## RESEARCH PARTICIPANT PROFILE

Consumer outreach and research was planned and conducted in three distinctly different New Mexico communities in order to include consumers from a variety of political, cultural, and socioeconomic perspectives. Each community chosen was easily accessible to residents living in surrounding communities in the region.

1. Las Vegas is a small city in the northeast region of the state surrounded by smaller villages. The region has a large native Hispanic population. Employment opportunities are predominately with small businesses, ranching, and government or university institutions, or are seasonal jobs.
2. Portales is a small city in the southeast region located near Cannon Air Force Base and the larger city of Clovis. Both cities are ethnically diverse. Employment opportunities are predominately with small businesses, renewable energy related companies, retail businesses, dairy and peanut farming, cattle ranching, military, and government or university institutions. There are also opportunities for self-employment.
3. Las Cruces is the second largest urban area in the state and close to the US-Mexican border in the southwest region of the state. The city has a diverse population with a large Hispanic immigrant presence. The city also attracts retirees from other areas. There are a full range of employment opportunities, including service and manufacturing employers and the federal government.

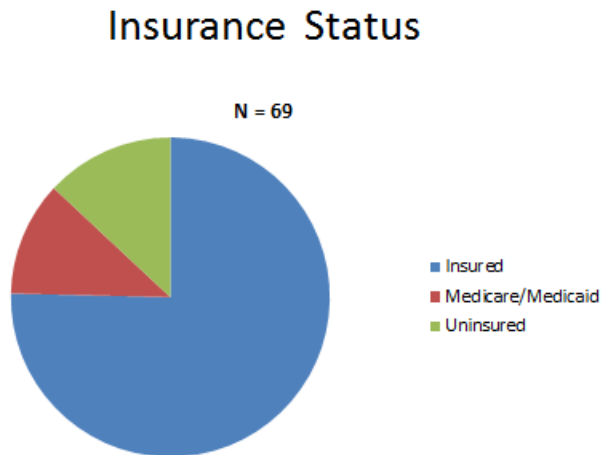
The following table outlines the range of zip code areas represented by participants in the three community meetings and telephone interviews.

County	Community	Zip Code	Number of Participants
Bernalillo	Albuquerque	87108	1
Bernalillo	Albuquerque	87109	1
Bernalillo	Albuquerque	87114	1
Bernalillo	Albuquerque	87199	1
Curry	Clovis	88101	2
Curry	Texico	88135	1
Dona Ana	Las Cruces	88001	8
Dona Ana	Las Cruces	88004	1
Dona Ana	Las Cruces	88005	3
Dona Ana	Las Cruces	88007	3
Dona Ana	Las Cruces	88011	7
Dona Ana	Las Cruces	88012	1
Dona Ana	Mesilla Park	88047	3
Grant	Silver City	88061	2
Grant	Silver City	88062	1
Roosevelt	Portales	88130	10
Roosevelt	Rogers	88132	1
San Miguel	Las Vegas	87701	2
Sandoval	Corrales	87048	1
Sandoval	Rio Rancho	87124	1
Santa Fe	Santa Fe	87501	6
Santa Fe	Santa Fe	87505	10
Sierra	Truth or Consequences	87901	2



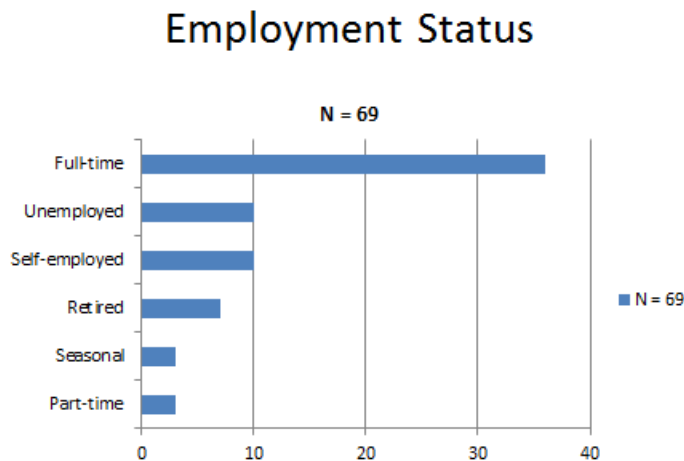
### Insurance Status

The majority of participants (75%) are currently insured, while 13% are insured through Medicare/Medicaid and 12% are uninsured.



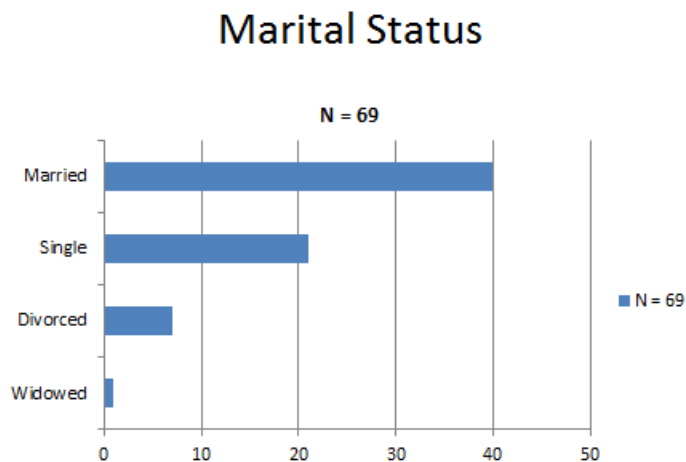
### Employment Status

Most of the participants (52%) are employed full-time, while 4% are part-time employees and 4% are seasonal employees. Self-employed participants represent 15% of the group. Approximately 15% are unemployed. Retirees represent 10% of the group.



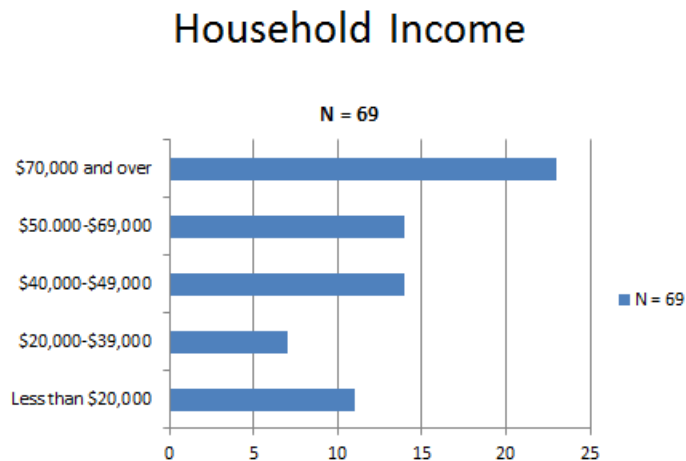
## Marital Status

The majority of participants (58%) are married, with 31% single, 10% divorced, and 1% widowed.



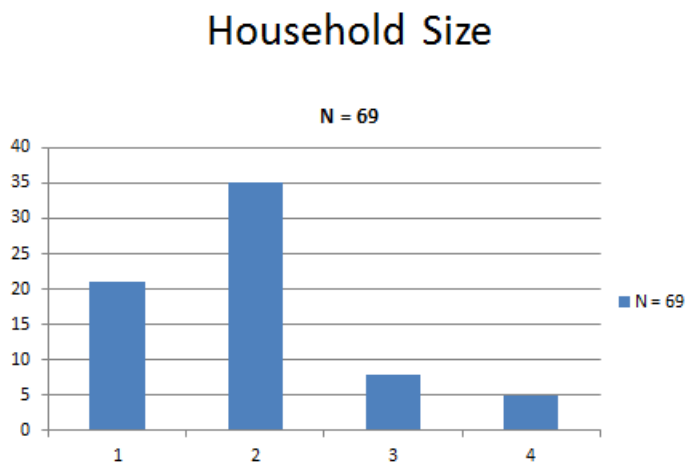
## Household Income

Most participants (40%) live in households that earn in the mid-income ranges (\$40,000-\$69,000). Approximately 34% live in households that earn \$70,000 and over, while 10% live in households that earn \$20,000-\$39,000 and 16% live in households that earn less than \$20,000.



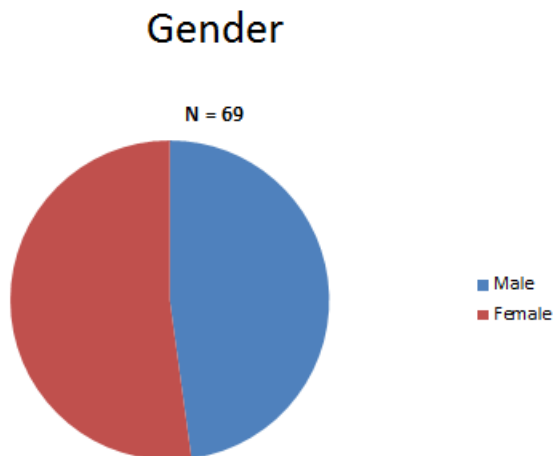
## Household Size

Most participants (51%) live in a 2-person household, while 31% live in a 1-person household and the remaining 18% live in either a 3 or 4-person household. In comparing data given for household size and household income, approximately 20% of the participants could be classified as below the 2011 federal poverty line (Source: Chart provided by the Foundation for Health Coverage Education).



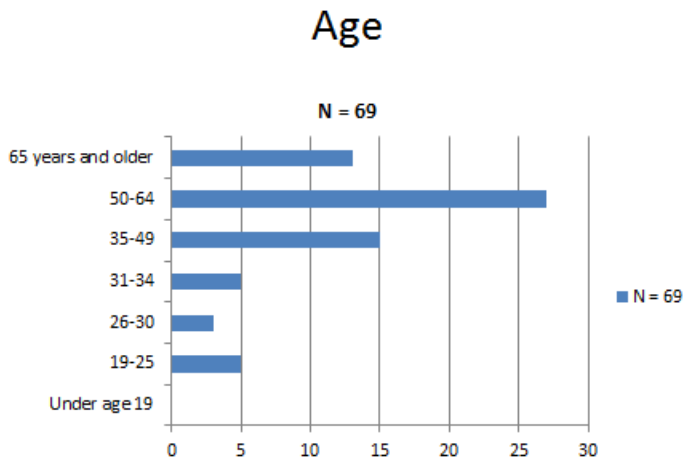
## Gender

Approximately 52% of the participants are female, with 48% male.



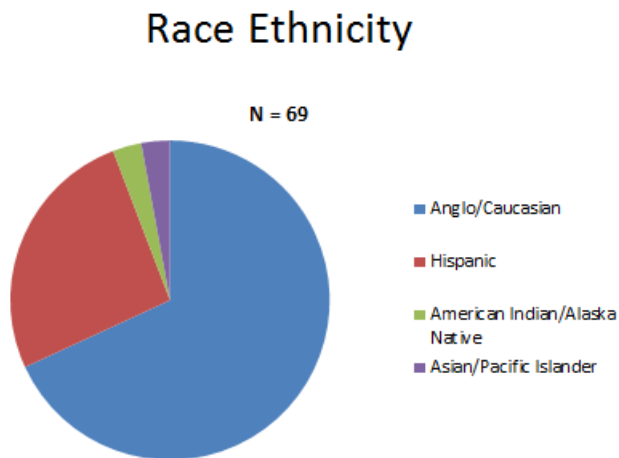
### Age Range

The majority of participants (80%) are 35 years of age or older. Participants in the 26-35 age range represent 13%, and those 25 years of age or younger represent 7% of the group.



### Race Ethnicity

The majority of participants (68%) are Anglo/Caucasian, with 26% Hispanic, 3% American Indian/Alaska Native, and 3% Asian/Pacific Islander.



SECTION FOUR:

# GENERAL CONSUMER PERSPECTIVE

There was a great deal of similarity in the opinions expressed in the meetings and interviews held in each region. Some preferences and suggestions were mentioned during each meeting by a number of different people (see high level of agreement in the tables that follow). Some opinions were mentioned less frequently (see moderate level of agreement in the tables that follow), while others were expressed by participants who had very specific and important needs (see exceptions in the tables that follow).

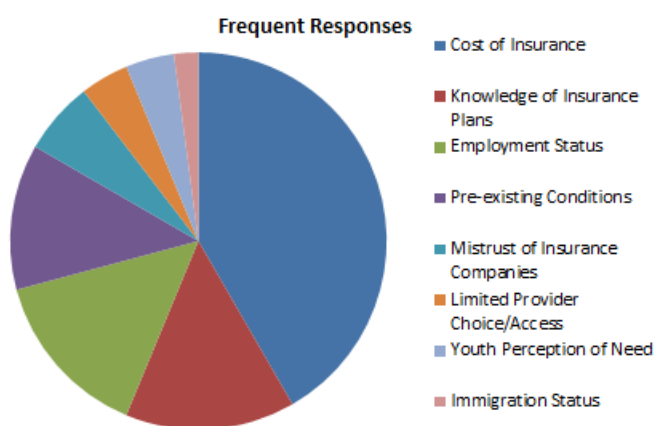
## Barriers to Participation

Not surprisingly, the greatest barrier to getting or keeping health insurance coverage is cost. When initially looking for coverage, participants saw the product as affordable according to their budget and needs. However, as premium costs and co-payments rise, it becomes more difficult to absorb the cost in relation to other basic needs such as housing, food, and utilities.

An additional barrier is the difficulty many participants experience in understanding the benefits and limitations of health insurance plans, the rules and regulations related to treatment available, and the enrollment/claims processes. The complexity of the information makes it difficult to compare and select a plan as well as use the coverage when needed. This leads to mistrust of the insurance market when treatment is denied.

The next highest barriers are employment status and pre-existing conditions. Change in employers or unemployment is seen as challenging in keeping affordable insurance coverage. Pre-existing conditions are perceived not only as a barrier to obtaining health insurance coverage, but also as a barrier to getting medical treatment for fear of the condition becoming part of medical records and negatively impacting health insurance coverage.

Current Barriers to Insurance Coverage



Core Area	Level of Agreement	Recommendations
<b>Barriers to Participation in a NM HIX</b>	High	<b>Cost:</b> <ol style="list-style-type: none"> <li>1. Ensure there are a variety of plans offered through the exchange that can match participants':                             <ol style="list-style-type: none"> <li>a. Life stage (e.g., youth, individual, family, empty nester)</li> <li>b. Specific healthcare needs</li> <li>c. Budget as a percentage of income</li> </ol> </li> <li>2. Allow participants to choose a basic plan, plus options to fit their healthcare needs according to their life stage and life style.</li> <li>3. Make premiums and co-payments more affordable by offering plans that attract a large consumer pool and service provider base and spread costs broadly.</li> <li>4. Provide cost incentives for participants who demonstrate good health records through healthy habits.</li> </ol>
	Moderate	<b>Understanding of insurance plans:</b> <ol style="list-style-type: none"> <li>5. Provide information about plans that is easy to understand and allows a side-by-side comparison of benefits, limitations, and fees.</li> <li>6. Make it easy to switch to a different plan when needed.</li> </ol> <b>Employment status:</b> <ol style="list-style-type: none"> <li>7. Allow portability of plans offered through the exchange (i.e., plan is attached to policyholder not to employer).</li> <li>8. Allow flexibility regarding how plans are structured and priced for small employers and their employees (i.e., cafeteria plans).</li> </ol>
	Exception	<b>Mistrust of insurance companies:</b> <ol style="list-style-type: none"> <li>9. Establish transparency through the exchange to ensure independence from influence of insurance companies and brokers.</li> </ol> <b>Access to specialists/alternative healthcare providers:</b> <ol style="list-style-type: none"> <li>10. Ensure plans allow access to a broad spectrum of providers, including out-of-state providers.</li> </ol> <b>Youth perception of need:</b> <ol style="list-style-type: none"> <li>11. Offer a plan that would attract younger people in terms of benefits and cost.</li> </ol>

## Health Insurance Benefits and Services

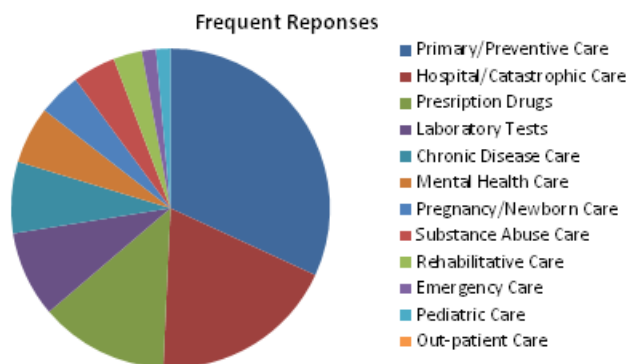
The insurance benefits seen as most important to participants are those services that help them prevent illness and those that ensure they do not experience financial disaster when they do become ill. Primary care (e.g., routine annual checkups and tests that help prevent or diagnose disease early in the process) and preventive/wellness care (e.g., education and support for healthy habits) are seen as the most important benefits to provide. Many participants see these services as saving healthcare costs over the long-term and preventing the use of more expensive services (e.g., using emergency rooms for routine healthcare needs).

Catastrophic care, hospitalization, and the prescription drugs and laboratory tests often associated with major illness are also seen as very important. Many participants see the need to have major medical insurance coverage in order to prevent the financial consequences of a catastrophic diagnosis that would require expensive laboratory tests, surgery, prescription drugs, and long-term care to recover from or manage the illness.

Prescription drug and laboratory test coverage are also seen as an important benefit as they are associated with chronic disease care and mental health care, two other services seen as important.

All other benefits that are required for health insurance exchange plans by PPACA are mentioned occasionally as being important.

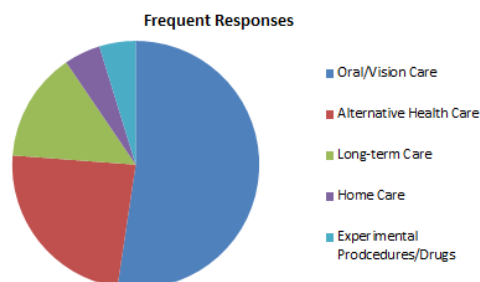
### Perceived Importance of Benefits Required for Exchange Plans



Core Area	Level of Agreement	Recommendations
Benefits and Services	High	<p><b>Flexibility and relevance in plans offered for individuals/employers:</b></p> <p>12. Offer a cafeteria of benefits that can be pieced together as a package based on need, given life stage, life style, current state of health, and income (i.e., build-your-own-plan).</p> <p>13. Select plans that meet a basic standard and then allow optional, add-on benefits.</p> <p>14. Provide tiered packages with fair deductibles so that people can choose what is relevant to them.</p> <p><b>Primary/Preventive care:</b></p> <p>15. Emphasize primary/preventive care benefits in exchange plans.</p> <p>16. Give credit for healthy behaviors (e.g., annual exams, screenings, etc.) that result in a good health record and “no or less” use of more expensive benefits (e.g., similar idea to auto insurance companies that give credit for good driving records).</p> <p><b>Hospital/Catastrophic care:</b></p> <p>17. Provide a major medical plan with a range of deductibles and co-payments to make premiums more affordable.</p> <p>18. Provide full benefits for catastrophic diseases (i.e., chronic disease) in order to prevent financial bankruptcy.</p>
	Moderate	<p><b>Prescription drugs:</b></p> <p>19. Provide drug coverage for disease management.</p> <p><b>Laboratory tests:</b></p> <p>20. Provide screening/testing coverage of common tests people need to prevent or diagnose disease.</p> <p><b>Chronic Disease and Mental Health Care:</b></p> <p>21. Provide coverage to manage chronic and mental health disease long-term.</p>

When asked to suggest other benefits that would be important (in addition to those required by the PPACA), oral/vision care, alternative healthcare methods such as chiropractic and acupuncture services, and long-term care are mentioned most frequently.

Perceived Importance of Other Benefits

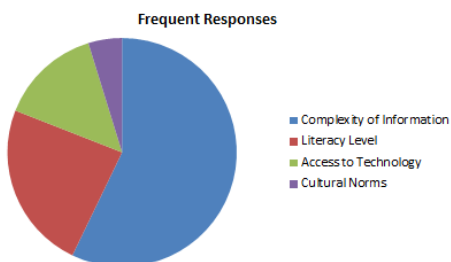




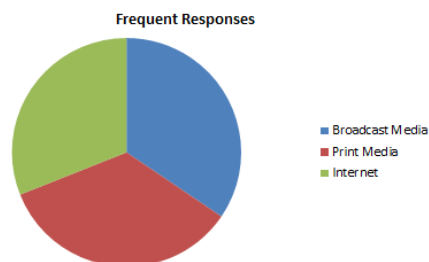
## Customer Information, Assistance, and Protection

In planning a health insurance exchange, planners will need to consider the primary barriers that general consumers have to understanding their options—the complexity of the information required for making an informed choice and the education/literacy levels of the general population. Access to technology is also seen as a barrier.

Perceived Barriers to Education Outreach



Preferred Education Outreach Methods



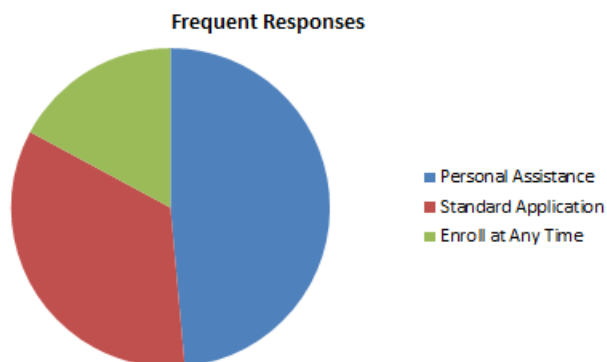
Given the barriers, the use of all forms of communication is seen as necessary in order to build public awareness of the need for a health insurance exchange and how an exchange could benefit people’s lives.

Core Area	Level of Agreement	Recommendations
Customer Information, Assistance, and Protection	High	<p><b>Initial consumer outreach:</b></p> <ul style="list-style-type: none"> <li>22. Develop a public awareness campaign that precedes the launch of an exchange to define the need, promote the value, and clarify eligibility to participate.</li> <li>23. Use television and radio advertisements to reach consumers, but the commercials should be objective (i.e., promoting the exchange, not the insurance plans).</li> <li>24. Schedule periodic interviews for policymakers on local public policy television and radio programs.</li> <li>25. Use public service announcements on television and radio during prime time to reach consumers.</li> <li>26. Use newspaper and billboard advertisements to reach consumers, promoting the exchange, not the insurance plans.</li> <li>27. Use inserts in utility bills, government mailings, and local magazines to reach consumers.</li> <li>28. Distribute flyers, in English and Spanish, in places that consumers visit in their daily lives such as: grocery stores, retail stores, pharmacies, barber/beauty shops, post offices, clinics, etc.</li> <li>29. Develop a dedicated website that is easy to navigate and answers frequently asked questions.</li> </ul> <p><b>Education outreach:</b></p> <ul style="list-style-type: none"> <li>30. Convene community meetings to present information, answer questions, and enroll participants.</li> <li>31. Post announcements and distribute brochures through employers, business groups, and trade associations.</li> <li>32. Develop a package for employers to give new employees.</li> </ul>

		<p>33. Require employers to post exchange information, like other federal regulations, in the workplace.</p> <p><b>Insurance plan options, descriptions, comparison and selection:</b></p> <p>34. An exchange should protect the interests of consumers (not the insurance companies or brokers) and therefore be an unbiased source of information so that consumers are assured there is no conflict of interest.</p> <p>35. Develop a dedicated website that is easy to navigate, but highly interactive, that allows consumers to learn about the insurance plan benefits, optional benefits, levels and limits of coverage, deductibles, co-payments, and all other costs that apply.</p> <p>36. Offer a limited choice, but allow flexibility in choice by having insurance companies offer a standard set of benefits, and then offer optional benefits that can be chosen based on individual/family need and income.</p> <p>37. Give examples of standard plans and optional benefits that could fit the needs and income of individuals/families at different life stages and then provide an interactive way for consumers to build-their-own-plan (e.g., similar idea to how prefab housing companies allow consumers to design a home).</p> <p>38. Provide clear, concise information on each plan and any optional benefits in a standard format that allows consumers to compare plans and optional benefits side-by-side (e.g., similar idea to how an airline shows different flight options based on a person's preferences for schedule, layovers, special needs, etc.) NOTE: As a model, look at the federal benefit plan website that has a side-by-side comparison of plans and parameters.</p> <p>39. Provide an interactive way to calculate the full costs of plans, side-by-side, based on key factors like age, gender, family status, medical status, etc. and the choices made like optional benefits and level of coverage, deductible, and co-payment, etc. Allow consumers to see the impact of their choices on total cost as they adjust their choices.</p> <p>40. Provide a print function for the comparative plan analysis.</p> <p>41. Provide information on each insurance company's performance record and assign a comparative rating for key measures such as percentage of claims satisfied/denied, resolution time for claims, overall customer satisfaction, percentage of revenue spent on administration/lobbying/claim payments, etc.</p> <p>42. Allow consumer rating of plans and companies (e.g., similar to ratings used by websites such as Amy's List, PayPal, Amazon).</p>
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Although broadcast and print media are seen as excellent ways to build public awareness and web-based tools are seen as valuable for education and plan comparison, overwhelmingly, participants prefer to also have access to personal assistance either face-to-face or over the phone to ask questions regarding their eligibility and plan selection, and to enroll in their final choice.

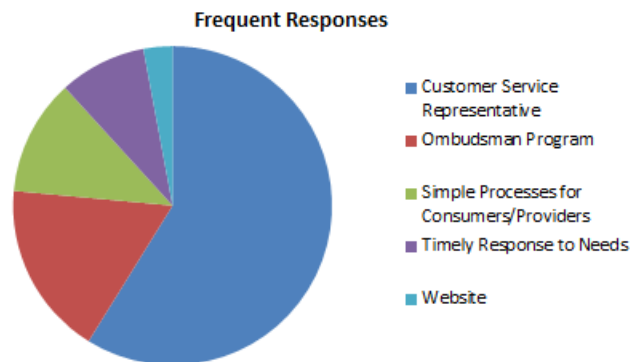
## Preferred Enrollment Needs



Core Area	Level of Agreement	Recommendations
Customer Information, Assistance, and Protection, cont'd.	High	<p><b>Personal assistance:</b></p> <p>43. Establish a community liaison office with well-informed staff to provide one-on-one service to help consumers compare plans and select the best choice for their needs and income. Utilizing existing community agents/brokers, so as not to duplicate effort, would be acceptable if there are no conflicts of interest. Staff dedicated to small employers should also be available. Ensure English and Spanish translation is available.</p> <p><b>Standard application/claim form:</b></p> <p>44. Use a simple, brief application in English and Spanish for all insurance plans offered by all insurance companies. Ask for only relevant information important to all insurance companies.</p> <p>45. Allow for enrollment on-line, over the phone, and in-person. Allow on-line users to start/save the application and come back to finish it at a later time.</p> <p>46. Use a claim form that is accepted by all insurance companies.</p> <p><b>Enroll at any time:</b></p> <p>47. Allow consumers to enroll and change plans at any time.</p> <p>48. Initially, hold enrollment days in public places like malls, post offices, schools, libraries, healthcare clinics/hospitals, etc.</p>
	Exception	<p><b>Out-of-state option:</b></p> <p>49. Allow consumers to compare/select plans from other state exchanges or the federal exchange.</p>

Participants also see the need for personal assistance, either via phone or in-person, to ensure consumer protection when needed. Participants complain about the automated systems used by many corporations as a customer service tool regarding the time it takes to connect to a knowledgeable person who can answer a range of questions directly and quickly. Some state that having toll-free access to a customer service representative 24 hours a day/seven days a week is important to receiving prompt service.

## Preferred Customer Service Tools

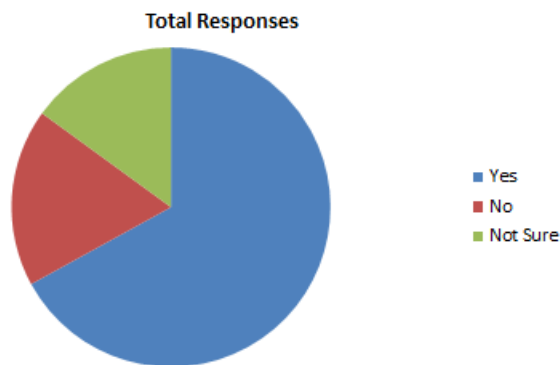


Core Area	Level of Agreement	Recommendations
Customer Information, Assistance, and Protection, cont'd.	High	<p><b>Customer Service Representative:</b></p> <p>50. In addition to on-line communication, provide access to an adequate number of customer service representatives who can answer both routine questions and troubleshoot problems directly and promptly.</p>
	Moderate	<p><b>Consumer protection:</b></p> <p>51. Ensure an exchange is independent from insurance companies and brokers.</p> <p>52. Consider ways to establish control over premium increases and caps on coverage levels.</p> <p>53. Establish a strong ombudsman program to resolve disputes between consumers and insurance companies.</p> <p>54. Collect consumer complaints and report results to policymakers.</p> <p>55. Publish a NM Consumer Report on insurance plans and companies.</p> <p>56. Provide information on each plan's healthcare provider network and comparative information on provider quality and accreditation.</p> <p>57. Require standard, efficient, and cost-effective claim, payment, and provider credentialing processes.</p> <p>58. Provide training to healthcare providers on how to interact with an exchange.</p> <p>59. Increase access by not allowing healthcare providers to opt out of plan networks.</p>

## Potential for Participation

After listening to the educational presentation on how a health insurance exchange might operate and participating in the discussion and hearing others' concerns and preferences, most participants (68%) indicate they would be willing to consider using an exchange. Other participants (15%) indicate they would need more information before making a decision, while 17% indicate they would not be interested in participating.

### Potential for Exchange Participation



Essentially, those who are favorable to the concept of a health insurance exchange, see the possibility for more affordable insurance, better access to coverage, and higher quality plan options due to increased competition. Some participants see an exchange as an option of last resort if their employment or financial status changes for the worse. This is tempered by the need to keep cost down, ensure process transparency, mitigate bureaucracy, and avoid the pitfalls experienced by other states that have led the way in this idea.

Participants who expressed uncertainty regarding an exchange, need more information and proof that an exchange can effectively protect consumer interests. They express the need for competitive pricing and want to see if the federal health insurance exchange can provide better and less expensive options or if better ideas can be brought to the table.

Those who are unfavorable to the concept have a range of different objections including: 1) exchange is a pathway to socialized medicine, 2) benefits the insurance companies, not the consumer; 3) funding a new system is too uncertain and could increase the cost of healthcare, 4) would add to state bureaucracy since a federal exchange will be available.

# APPENDIX: MATERIALS

## Agenda

Time	Activity
5:30 pm	<b>Welcome and Overview</b> <ul style="list-style-type: none"> <li>Complete Demographic Survey</li> </ul>
5:35 pm	<b>Education Presentation and Q/A</b>
6:00 pm	<b>Group Discussion</b> <p><b>Barriers to Participation</b></p> <ol style="list-style-type: none"> <li>1. What are the current barriers for you and your family to getting or keeping health insurance coverage?</li> </ol> <p><b>Benefits &amp; Services</b></p> <ol style="list-style-type: none"> <li>2. Which health plan benefits (<i>required by PPACHA</i>) are most important to you and your family?</li> <li>3. What other benefits and services would you like to see in the health insurance plans offered through an exchange?</li> </ol> <p><b>Customer Information &amp; Assistance</b></p> <ol style="list-style-type: none"> <li>4. How can the exchange provide clear information that describes the benefits and limitations of the health insurance plans, allowing you to make an informed choice?</li> <li>5. What would make it easy for you to enroll in an insurance plan offered by the exchange?</li> <li>6. What are the best ways to inform you about the role of the exchange and the services available (e.g., internet, toll-free call center, customer service center, etc.)?</li> <li>7. What might be the barriers to getting the information you need about the health insurance exchange?</li> <li>8. What customer service tools would be most important to you?</li> </ol> <p><b>Participation</b></p> <ol style="list-style-type: none"> <li>9. Knowing what you have learned tonight, would you participate in the health insurance exchange? Why? Why not?</li> <li>10. What would persuade you to participate in the exchange?</li> </ol>
7:30 pm	<b>Adjourn</b>

## Educational Presentation

Slide 1



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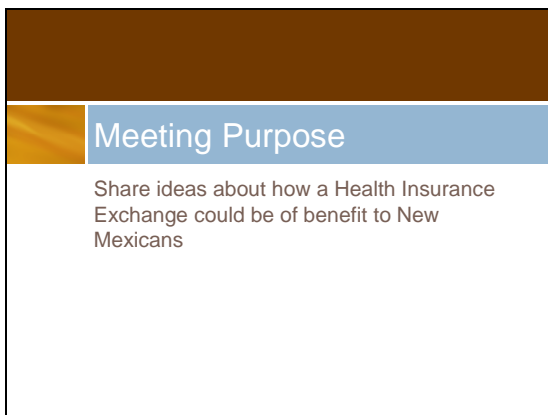
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Slide 2



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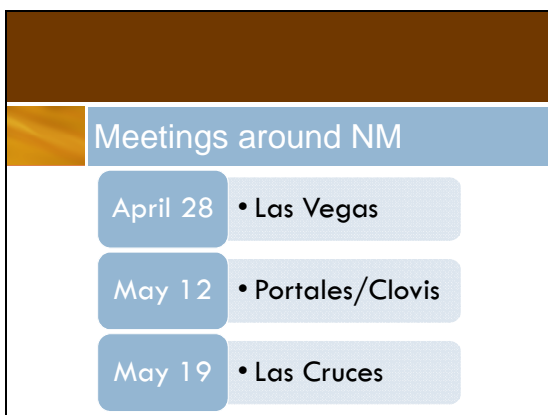
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Slide 3



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Slide 4

Why a NM Health Insurance Exchange

By 2014, most people will be required to have health insurance

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Slide 5

A Health Insurance Exchange could..

- Offer a choice of health plans based on cost and quality of benefits
- Provide information to help understand the options available
- Provide “one-stop shopping” to compare, select, and enroll in health plans
- Help eligible individuals receive premium discounts or enroll in other federal or state healthcare programs like Medicaid

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Slide 6

Who could use the exchange

- Individuals who are U.S. citizens or legal immigrants
- Small businesses and their employees
- People who are eligible for Medicaid, the Children’s Health Insurance Program, or other state and local public programs

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Slide 7

**Who would be exempt from buying insurance**

- Native Americans
- Those who have:
  - a financial hardship
  - religious objections
  - been uninsured for less than three months
  - an income below \$9,350 (individuals), \$18,700 (married couples), \$26,000 (family of four)
- Those for whom the lowest cost health plan exceeds 8% of their income

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Slide 8

**Who would receive financial help**

- Individuals with incomes between \$10,830 and \$43,320
- Families of four with incomes between \$22,050 and \$88,200
- Discounts are used to pay premiums and limit out-of-pocket spending for medical treatments

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Slide 9

**Health benefits could include...**

- Hospital care
- Out-patient care
- Emergency care
- Laboratory tests
- Prescription drugs
- Care and devices that restore people to good health so they can work and live a self-sufficient life
- Management of chronic disease like diabetes, heart disease, etc.
- Pregnancy and newborn care
- Care for small children including oral and vision care
- Mental health care
- Substance abuse care
- Care that prevents illness and promotes good health

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## Demographic Survey



**Demographic Survey**  
*Please fill in the blanks and check the appropriate answers.  
Responses will be used for statistical purposes only.*

1. **Zip Code:** \_\_\_\_\_

2. **Employment Status:**

- Full-time    Part-time    Self-employed    Seasonal    Unemployed    Retired

3. **Insurance Status:**

- Insured    Uninsured    Medicare/Medicaid

4. **Age Range:**

- Under age 19    19-25    26-30    31-34    35-49    50-64    65 years and older

5. **Number of People in Your Household:** \_\_\_\_\_

6. **Household Income Range:**

- Less than \$20,000    \$20,000-\$39,999    \$40,000-\$49,999    \$50,000-69,999    \$70,000 and over

7. **Gender:**

- Male    Female

8. **Marital Status:**

- Married    Single    Divorced    Widowed

9. **Race Ethnicity:**

- Hispanic    Angle/Caucasian    Black/African American    American Indian/Alaska Native  
 Asian/Pacific Islander    Other Descent: \_\_\_\_\_