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New Mexico Health Insurance Exchange Special Board Meeting Minutes Monday, February 28, 2022, 4:30PM-6:00PM MDT

Public Dial-In: 1-415-655-0001

Access Code: 2559 374 0717#
Online: Board meeting web link

Board Members Present:

- Ms. Terriane Everhart
- Mr. Dan Foley
- Superintendent Russell Toal
- Mr. Brandon Fryar
- Ms. Mona Ghattas
- Ms. Teresa Gomez
- Ms. Nandini Kuehn
- Mr. Quinn Lopez
- Ms. Patsy Romero
- Mr. David Shaw
- Ms. Nicole Comeaux on behalf of Secretary David Scrase

Board Members Absent:

• Dr. Mark Epstein

1. Welcome, Roll Call, and Confirmation of Quorum - Chairman David Shaw

The meeting was called to order at 4:32 p.m. Roll call was taken and a quorum was established.

2. Approval of Agenda - Chairman David Shaw

Motion: Director Gomez
Second: Superintendent Toal
The motion passed unanimously.

3. Chairman's Remarks - Chairman David Shaw

The primary purpose of the meeting is to hear from the IV&V vendor, who will report on the challenges the Exchange has experienced during open enrollment (OE). The Executive Committee met recently and heard the IV&V report, and wanted the full Board to hear it. There will also be some discussion around the IV&V contract.

Mr. Bustamante introduced Anne Winter and Juan Montanez from Health Management Associates (HMA). HMA has reviewed data from the Exchange, Optum, and NFP. It will conduct

interviews with stakeholders, staff, OSI, HSD, brokers, and carriers to understand what worked well and opportunities for improvement.

Mr. Montanez introduced the project close-out and "go- forward plan" which will address six focus areas identified by the Board, including: performance of the HIX key components of the Optum/NFP solution, with a focus on the status of high-priority problems/issues; performance of the FMS component of the Optum/NFP solution, with a focus on the status of high-priority problems/issues; customer service operations and systems including the consumer engagement center (CEC) operated by NFP and the escalation center operated by the Exchange, with a focus on the status of high-priority problems/issues; accumulated consumer issues, with a focus on consumers who do not have fully effectuated coverage or had significant delays in having their coverage effectuated; accumulated external stakeholder issues, with a focus on carriers, brokers and assisters/navigators and any challenges they may be having in meeting the needs of consumers seeking to purchase and access health insurance; and performance management: vendor monitoring and oversight processes, as well as the processes by which various parties are held accountable for performance problems/issues.

Mr. Montanez indicated that HMA's expanded scope of work would involve (1) conducting extensive due diligence, including document review, system reviews, and stakeholder interviews to clearly establish the root causes of problems with individual marketplace operations and systems; and (2) formulating, profiling and evaluating the advantages and drawbacks of various potential actions. The "go forward plan" will include four major components: a plan for addressing critical operations and technology issues; a stakeholder outreach plan; a consumer outreach plan; and an accountability plan laying out specific measures for success. The evaluation will take into account legal, regulatory, funding, logistical and other considerations and constraints that may impact the feasibility of certain actions, as well as how soon and how quickly those actions can be taken. Two major upcoming milestones are July 2022 (end of the PHE) and October 2022 (next open enrollment). The proposed plan will be developed and reviewed with staff and the Board by the end of March, within the budget remaining on the IV&V contract.

Superintendent Toal stated that he expected a clearer statement of the issues, a report about why OE went poorly, and immediate steps to correct the issues identified. Mr. Montanez indicated that interviews will provide information that may confirm assumptions about why OE went poorly.

Mr. Montanez discussed an initial area of concern: the CEC was not adequately staffed and staff were not adequately trained. Ms. Winter provided her understanding that the CEC model involved transferring consumers who needed help to brokers. She stated that this model was not communicated out to the broker community, leading to downstream issues.

Mr. Montanez stated that HMA is still "doing some digging" on the second area of concern: inadequacies of the technology system. Specifically, some individuals were not able to claim their accounts, resulting in duplicate accounts being created and more calls to the CEC than anticipated. He noted that this was likely the result of system design constraints.

A third area of concern is the level of testing and training. Mr. Montanez indicated that testing could have been more robust and comprehensive, with more time to do the testing. This

includes the level of integration testing between the Exchange and both HSD and the print vendor.

Director Romero confirmed HMA's opinion that the CEC staff were not fully trained and believed it was their job was to link callers to a broker. Ms. Winter stated that HMA learned this information when it did the CEC readiness review. Specifically, CEC staff indicated that if someone needed help setting up an account, they would connect them with a broker. HMA has interviewed one broker thus far, who indicated that this was not communicated to them.

Director Comeaux noted that the short timeline is concerning, and even with an additional extension the Medicaid roll-off will likely start August 1. Adjustments to systems and call centers need to happen quickly.

Director Kuehn noted the difficulty in looking at solutions without having an understanding of the problems and requested that HMA provide a high-level update of issues. Director Everhart concurred. Mr. Montanez noted that HMA's exercise is less about what went wrong and why, and more about how to make sure the upcoming major milestones are properly managed.

Director Foley asked if HMA shared issues as they arose and provided guidance. Ms. Winter indicated HMA completed three gate reviews (project health checks), each of which resulted in a report to executive leadership. HMA scored them as far as severity level and outlined what could be done to prevent downstream problems. She noted that she didn't have full visibility into what recommendations were implemented, but believed that more thorough UAT would have caught a lot of user errors. Mr. Montanez further indicated that HMA provided early warnings related to potential CEC problems that later manifested themselves.

Director Foley asked whether and to what extent brokers received commissions for assistance provided to consumers who were transferred from the CEC. Mr. Bustamante acknowledged the source of these concerns; however, the Exchange has worked to make sure brokers are paid for their full books of business, regardless of what point in the process the broker began working with the consumer.

Superintended Toal noted that the OSI received many broker complaints and expressed his concern about a lack of communication with the broker community. Mr. Bustamante indicated that Exchange staff met weekly with brokers to address their needs and issues they encountered. Ms. Winter stated that during readiness reviews some brokers stated they did not feel that they got get the training they needed. HMA plans to interview some brokers regarding operational issues.

Director Comeaux asked HMA to highlight in its report policy decisions that may have resulted in problems and that could be changed. Ms. Winter indicated that there may not have been enough integration testing between the FMS and the eligibility system. Superintendent Toal reminded the Board that continuing to do what the Exchange has been doing will be a "recipe for failure" with the upcoming end of the PHE, and noted the need for both corrective actions and good project management to implement recommendations. Ms. Winter stated that the level of PMO involvement in the implementation was a finding that HMA early on. Director Romero expressed her disappointment at the project management documents that the Board received stating that everything was going well.

Chairman Shaw noted that HMA had not raised some of the issues it raised during the Executive Committee meeting, and asked if HMA is still concerned about the management of the vendors. Mr. Montanez indicated those concerns still remain, including HMA's concern that the technology vendor may not have had a significant onsite presence during OE. Director Foley asked whether and to what extent leadership worked with HMA to address issues early on, and to adopt recommendations. Mr. Bustamante indicated that there was an early presence from NFP and Optum from "go live"; however, there was less presence as OE continued. At leadership's request, and in spite of a spike in COVID cases, additional vendor staff were onsite and at the CEC in December. Mr. Bustamante confirmed that the Exchange analyzed areas of risk, some of which - such as start attrition at the CEC - were obvious.

Director Everhart asked whether there are other concerns that were not addressed during today's board meeting. HMA reiterated its concern that SAT was delayed by vendors and UAT was not adequate. HMA believes that there was a concerning "slow down" in activity by the vendor early on, and then an acceleration of work in 2021, particularly around testing. UAT was shortened and completed in less time than what HMA thought was healthy.

Mr. Jordan Harris indicated that other states – Maine and Pennsylvania - had some of the same problems but not to the same magnitude. He acknowledged the problems are multi-dimensional.

Director Lopez noted that the Exchange could have done a better job of leveraging the knowledge and experience of carriers, brokers and other stakeholders on customer service and account issues. He noted that consumers are confused about health insurance choices and need to speak to people who are well-trained and knowledgeable. He further noted that there is a difference between finding a long-term solution to root causes related to scope and functionality of the platform and establishing short-term strategies in preparation for August 1. He encouraged the Board to be clear on what is being asked of HMA.

Chairman Shaw confirmed that the scope of the current contract is to close out the project. However, the Board is considering expanding the scope to include solutions to prepare the Exchange for the upcoming Medicaid roll-off.

Director Foley expressed his concern that the Exchange knew of potential pitfalls but didn't act to minimize their impact. He wants to ensure the Exchange implements advice and safeguards from professionals. Director Romero concurred and stated she did not want the Board to adopt a "band-aid approach" to get through August, and wants a clearly defined improvement plan for moving forward.

Director Shaw indicated that there is sufficient budget for HMA to continue work as contracted and to include the "go forward" proposal it has started to outline and will more fully flush out. The Board will look at whether it needs to take necessary action to go beyond the March 31 contract term.

Superintendent Toal requested a report from Exchange leadership with recommendations as to what needs to be done.

4. Public Comment (1-2 minutes/participant)

There were no public comments.

5. Other Board Business - Directors and Mr. Jeffery Bustamante, CEO

There were no comments.

6. Executive Session

Motion: Move that the Board go into executive session for the discussion of limited personnel matters pursuant to NMSA 1978, § 10-15-1(H)(2).

Motion: Director Gomez **Second:** Superintendent Toal

A roll call vote was taken. The motion passed unanimously.

Director Gomez stated that the Board met in executive session and the matter discussed was limited to that stated in the motion for closure. No final action was taken by the Board.

7. Adjournment

Motion: Director Foley
Second: Director Everhart

The motion passed unanimously.