

**STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE**



February 07, 2023

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HCAF Financial Coordinator
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To NM Small Group Health Insurance Issuers,

In 2022, OSI issued [Bulletin 2022-006](#) which established requirements for an annual reconciliation process for the Small Business Health Insurance Premium Relief Initiative. The instructions for annual reporting are contained within the template. This letter provides additional details and examples of how to correctly fill out the template.

All issuers subject to the Bulletin must submit the following documents to OSI using SERFF:

1. A completed version of Annual Reporting Template, which can be found on the Initiative's [webpage](#).
2. An attestation to the accuracy of the submission, signed by a senior executive.

Annual Reporting Timeline

Issuers can find the reporting deadline in TABLE 1. Please note that OSI has extended the submission deadline to March 15 to give issuers additional time to complete the report.

TABLE 1: Reconciliation Deadlines

Reconciliation Activity	Deadline
Submission of Annual Data	March 15, 2023
OSI Notice of Reconciliation Amounts	May 12, 2023
Submission of Reconciliation Disputes	May 19, 2023
Reconciliation Payments Due	June 15, 2023

Main Office: 1120 Paseo de Peralta, Fourth Floor, Santa Fe, NM 87501
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All documents must be filed by the submission date. If an issuer wishes to dispute reconciliation amounts after the OSI Notice of Reconciliation, it must submit the dispute to Shannon.Chapman@osi.nm.gov by May 19.

Annual Reporting Template

OSI has produced two versions of the annual template. The [first](#) is the original version that was published, which allows carriers to report enrollees by their group's renewal month. The [second](#) allows issuers to use the renewal quarter instead, which was produced if issuers wish to reduce the number of rows that must be reported. Please note that Total Member Months is no longer a necessary reporting requirement. The template includes the following required reporting categories: Group's Renewal Quarter (or Month), HIOS Plan ID, Group Rating Area, Member Age at Last Renewal, Count of Billable Member Months, Sum of Total Plan Premium, and Sum of Discount/Credit as shown in TABLE 2.

TABLE 2: Annual Reconciliation Reporting Categories

Group's Renewal Quarter/ Month	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Count of Billable Member Months	Sum of Total Plan Premium	Sum of Discount/Credit
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Categorization of Rate Cell Level Input

Issuers are required to submit data grouped by individuals that share the following four characteristics:

1. Group Renewal Quarter
2. HIOS Plan ID
3. Group Rating Area
4. Member Age at Last Renewal

OSI will compare the data against approved Quarterly Rate Tables to ensure that the reported amounts are correct. OSI will report any anomalies that are identified to issuers during the review period.

Example

To provide issuers with a demonstration of how to fill out the template, OSI created an [example](#) (link downloads Excel file) of 100 enrollees who share certain characteristics. Only one rating area was used for simplicity. Tab 1 provides sample member-level details to demonstrate how members should be grouped and amounts should be calculated in the “Completed Report Examples” tab. Please note that issuers are not required to submit member-level data similar to what is shown in this tab. Tab 1 is for demonstration purposes only. Tab 2 demonstrates how the final report will be condensed to represent the grouped sum totals. Tab 3 contains sample rates that were produced by OSI for demonstration purposes only.

Tab 1: Member-Level Example

The example in TABLE 3 shows the data of one category of members who can be grouped together for reporting purposes. You can see that these 6 members have the following factors in common:

1. **Group Renewal Quarter:** 1
2. **HIOS Plan ID:** 12345NM0000001
3. **Group Rating Area:** 1
4. **Member Age at Last Renewal:** 21

The pertinent information from the “Category Total” row in TABLE 3 is the only entry from this category, to be entered in TABLE 4. Each category will have one entry in the Completed Report.

TABLE 3: Member Level Example

Member Number	Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Age Rated Premium	Sum of Total Plan Premium	Sum of Discount/Credit	Count of Billable Member Months
1	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
2	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
3	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
4	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
5	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
6	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
Category Total:	1	12345NM0000001	1	21	\$200	\$7,200	\$720.00	36

Please note that issuers should not submit member-level information shown in TABLE 3.

Tab 2: Completed Report Example

TABLE 4 represents how to properly report this group's count of billable member months, sum of total plan premium, and sum of the discount/credit in the tab titled "Template.Annual Reporting" on the annual reporting template. Each subcategory must have its own entry.

TABLE 4: Completed Report Example

Group's Renewal Quarter/ Month	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Count of Billable Member Months	Sum of Total Plan Premium	Sum of Discount/Credit
1	12345NM0000001	1	21	36	\$7,200.00	\$720.00

Updated Monthly Reports with Retroactive Adjustments

Issuers must resubmit monthly reports with retroactive adjustments in the relevant tabs of the template. The template includes a tab for each month of the 2022 Plan Year. The updated totals should be reported in the tab titled, "Template.Annual Totals."

If you have any questions, please contact Shannon Chapman, OSI's HCAF Financial Coordinator at Shannon.Chapman@osi.nm.gov.

Training Scheduled on February 13, 2023

11:00 AM – 12:00 PM MST

[Teams Meeting Link](#) (Registration Not Required)

Meeting ID: 277 726 310 109

Passcode: HakRg3

Or call in (audio only)

[+1 505-312-4308,,863094213#](tel:+15053124308863094213) United States, Albuquerque

Phone Conference ID: 863 094 213#