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February 20, 2025

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To New Mexico Small Group Health Insurance Issuers,

For 2024, the New Mexico Office of the Superintendent of Insurance issued [Bulletin 2024-011](#) which established requirements for an annual reconciliation process for the Small Business Health Insurance Premium Relief Initiative. This Initiative is now overseen by the New Mexico Health Care Authority (HCA). 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 are subject to the Bulletin and must submit the following documents to the HCA using SERFF:

1. A completed version of the Annual Reporting Template.
2. An attestation to the accuracy of the submission, signed by a representative who has reviewed the data and a senior executive.

### Annual Reporting Timeline

*Table 1: Reconciliation Deadlines*

| Reconciliation Activity               | Deadline        |
|---------------------------------------|-----------------|
| Submission of Annual Data             | March 21, 2025* |
| HCA Notice of Reconciliation Amounts  | May 5, 2025     |
| Submission of Reconciliation Disputes | May 12, 2025    |
| Reconciliation Payments Due           | June 30, 2025   |

\*Note: This date has been adjusted since Bulletin 2024-011.

All documents must be filed by their submission date. If an issuer wishes to dispute reconciliation amounts after the HCA Notice of Reconciliation, it must submit the dispute to the Health Care Affordability Division by May 12, 2025.

## Small Business Initiative Attestation Form

The [Small Business Initiative Attestation Form](#) (link opens PDF file in browser) must be submitted with the Annual Reporting Template (see below). All issuers must upload a signed copy of the Form to SERFF by March 21, 2025, and upload an updated Form with their final data submission. A representative who has reviewed the data and a senior executive must sign the Form attesting that they have reviewed the data being submitted and believe it to be an accurate representation of payments under the program. All information submitted through SERFF for this reconciliation process is assumed to be confidential unless otherwise stated or marked as public by the submitter.

## Annual Reporting Template

The [Annual Reporting Template](#) (link downloads Excel file) must be submitted by March 21, 2025. The tab labeled “Template.Annual Reporting” includes the following required reporting categories:

- Group’s Renewal Quarter,
- 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.

Please note that the “Member Age at Last Renewal” should be for each member, not the subscriber.

*Table 2: Annual Reconciliation Reporting Categories in the Annual Totals Tab*

| Group's Renewal Quarter | 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 |
|-------------------------|--------------|-------------------|----------------------------|---------------------------------|---------------------------|------------------------|
|-------------------------|--------------|-------------------|----------------------------|---------------------------------|---------------------------|------------------------|

## Example

To provide issuers with a demonstration of how to fill out the Annual Reporting Template, HCA created an [example](#) (link downloads Excel file) of 100 sample enrollees, some of whom share relevant 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 at the level of detail that 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 totals. Tab 3 contains sample rates that were produced by HCA 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 six members have the following factors in common:

Group Renewal Quarter: 1  
 HIOS Plan ID: 12345NM0000001  
 Group Rating Area: 1  
 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          | HIOS Plan ID   | Base Premium | Age Rating Factor | Age Rated Premium | Member Age at Last Renewal | Group's Renewal Quarter | Count of Billable Member Months | Group Rating Area | Sum of Total Plan Premium | Sum of Discount/Credit |
|------------------------|----------------|--------------|-------------------|-------------------|----------------------------|-------------------------|---------------------------------|-------------------|---------------------------|------------------------|
| 1                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| 2                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| 3                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| 4                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| 5                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| 6                      | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 6                               | 1                 | \$1,200                   | \$120                  |
| <b>Category Total:</b> | 12345NM0000001 | \$200        | 1                 | \$200             | 21                         | 1                       | 36                              | 1                 | \$7,200                   | \$720                  |

**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 “Template.Annual Reporting” tab on the Annual Reporting Template. Each subcategory must have its own entry.

*Table 4: Completed Report Example*

| Group's Renewal Quarter | 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               |

**Calculating the Additional 10% Premium Assistance January Through June 2024**

Please refer to the “Instructions.Annual Reporting” tab in the Template.Annual Reporting workbook on how to calculate the additional 10% Premium Assistance from January 1, 2024, to June 30, 2024.

**Data Review Period: March 21, 2025, to May 5, 2025**

After the issuer submits data to HCA no later than March 21, 2025, HCA will review the data and contact the issuer if any questions or issues arise. HCA will attempt to resolve any issues before the “Notice of Reconciled Amounts” is issued by May 5, 2025. If HCA completes the review and approval before May 5, it will notify the issuer.

## **Notice of Reconciled Amounts and Payment Process**

HCA will submit the Notice of Reconciled Amounts to each issuer no later than May 5, 2025. If an issuer owes payment, the Notice of Reconciled Amounts will serve as an invoice to the issuer. The issuer must include the payment owed to the issuer or due to the HCA for the reconciled amount on the monthly invoice submitted in the first week of June 2025. Payments must be made no later than June 30, 2025. It is the responsibility of the representative listed on the organization's Attestation Form to ensure the accuracy of the organization's payment information.

If payment information needs to be updated or if you have any questions about the reconciliation process in general, please contact Jess Rosenthal, HCA's Director of Coverage Affordability and Expansion, at [Jessica.Rosenthal@hca.nm.gov](mailto:Jessica.Rosenthal@hca.nm.gov).

Respectfully,

Jess Rosenthal  
Director of Coverage Affordability and Expansion  
Health Care Affordability Division  
New Mexico Health Care Authority