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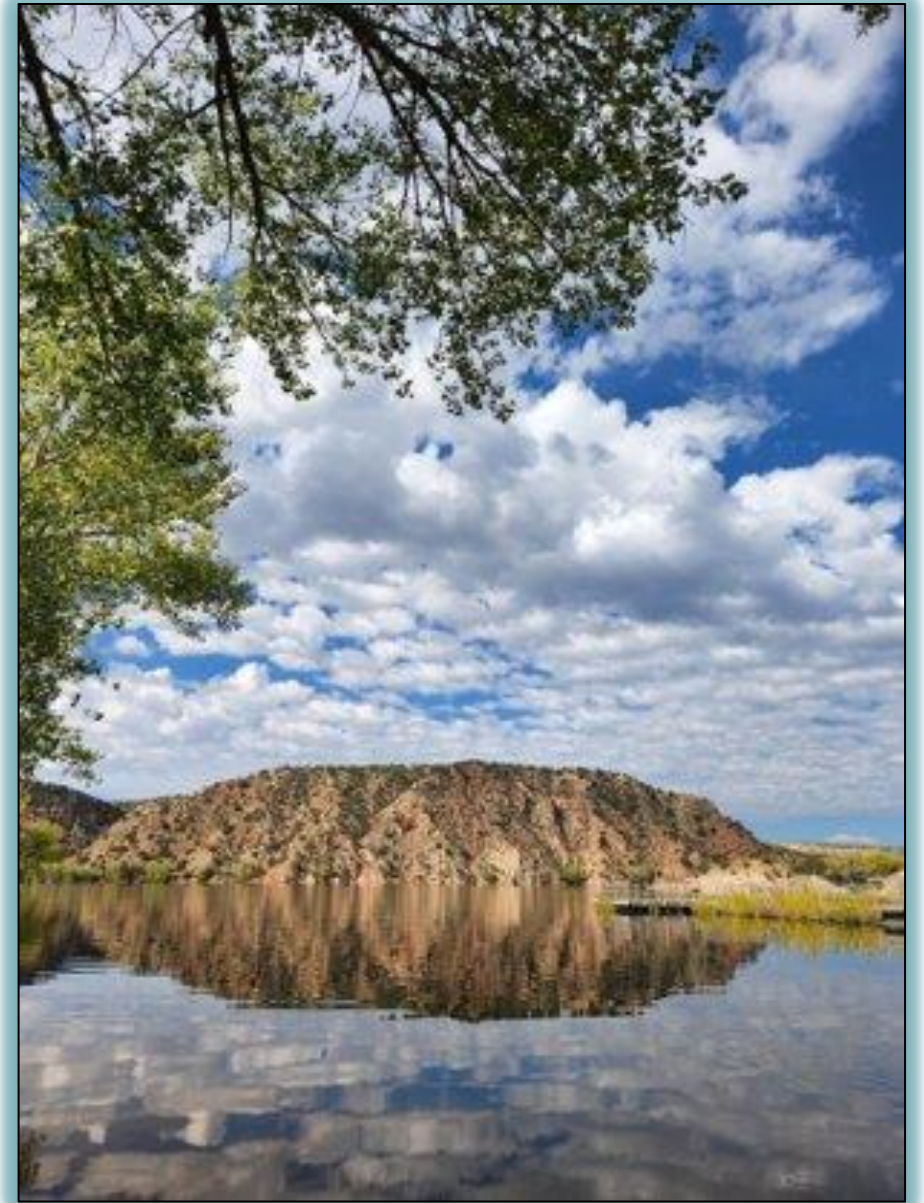
HEALTH CARE AFFORDABILITY FUND

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people, and the communities that contribute to what today is known as the State of New Mexico.



A cloudy morning looking over Santa Cruz Lake.

Photo taken by HCA employee Jessica Gomez



HEALTH CARE
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Investing for tomorrow, delivering today.



HEALTH CARE
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MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

DISCLAIMER:

The intent of the information provided is to be a general summary and does not take the place of written guidelines, laws, or regulations.



INTRODUCTION

This presentation will provide you with an overview of the Healthcare Affordability Fund (HCAF) and the Marketplace Affordability Program (MAP).

If you have questions, reach out to:

- Jess Rosenthal, Health Care Affordability Program Coordinator, jessica.rosenthal@hca.nm.gov.
- Cynthia C. Cisneros, Health Care Affordability Public Outreach Coordinator, cynthia.cisneros@hca.nm.gov.



MAIN TOPICS

- Overview of the Health Care Affordability Fund
- Overview of the Health Insurance Marketplace Affordability Program
- Clear Cost Plans
- Medicaid Transition Premium Relief
- Small Business Health Insurance Premium Relief Initiative
- Coverage Expansion Program
- The Future



OVERVIEW OF THE HEALTH CARE AFFORDABILITY FUND

WHAT IS THE HEALTH CARE AFFORDABILITY FUND (HCAF)?



- Originally passed and signed into state law in 2021.
- Established to create programs that reduce health insurance costs for individuals, families, and small businesses.
- Programs are overseen by the Health Care Affordability Division which, as of July 1, 2024, is now part of the New Mexico Health Care Authority (HCA).



WHAT PROGRAMS DOES HCAF SUPPORT?

- The Health Insurance Marketplace Affordability Program
- Medicaid Transition Premium Relief
- The Coverage Expansion Program
- The Small Business Premium Relief Initiative



THE HEALTH INSURANCE MARKETPLACE AFFORDABILITY PROGRAM

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

BeWell is New Mexico's Health Insurance Marketplace, which is the only place where New Mexicans can get financial assistance to purchase private health plans.



Who qualifies for financial assistance? Individuals and families who:

- Are a resident of New Mexico (or intending to reside);
- Do not have access to other Minimum Essential Coverage (such as Medicare, Medicaid, or “affordable” employer-based health insurance);
- Are citizens or lawfully present non-citizens; and
- Are not incarcerated.



WHAT TYPES OF COSTS DO NEW MEXICO'S MARKETPLACE AFFORDABILITY PROGRAMS COVER?

Monthly premiums

- New Mexico Premium Assistance (NMPA)
 - Premium reduction program
- Native American Premium Assistance (NAPA)
 - Premium buy-down program

Out-of-pocket costs

- Turquoise Plans
 - Lowers costs like deductibles and co-pays



NEW MEXICO PREMIUM ASSISTANCE

Who is eligible?

- Individuals and families with income levels up to 400% FPL who qualify for the federal Premium Tax Credit through BeWell.

What does NMPA do?

- Provides no-cost monthly premium options up to 200% FPL.
- Reduces premiums for those between 200-400% FPL.



NATIVE AMERICAN PREMIUM ASSISTANCE

Who is eligible?

- Registered members of federally-recognized tribes under 400% FPL who qualify for the federal Premium Tax Credit.

What does NAPA do?

- Up to 300% FPL NAPA provides a \$0 premium option from each Marketplace carrier.
- Between 300-400% FPL NAPA provides extra premium assistance.



STATE OUT-OF-POCKET ASSISTANCE (SOPA)

Who is eligible for SOPA?

- ***NEW for 2025*** Individuals and families up to 400% FPL* who qualify for the federal Premium Tax Credit through BeWell.

What does it do?

- Directly reduces deductibles, maximum out-of-pocket limits, copayments, and coinsurance for certain plans.

To benefit from SOPA, consumers must select a **Turquoise Plan** through BeWell.

* **2024:** 300% FPL eligibility limit; **2025:** 400% FPL eligibility limit



TURQUOISE PLANS

- Turquoise Plans are health plans that have extra savings on out-of-pocket costs that are provided by the State of New Mexico.
- When consumers shop for plans, they will see a “Turquoise Plan” marker to let them know which plans qualify for extra savings.
- You can only purchase a Turquoise Plan on BeWell.



COST SAVINGS EXAMPLE #1: FAMILY OF FOUR IN LAS CRUCES MAKING \$60,000 IN 2024

- Kids qualify for **no-cost** Medicaid
- Monthly Premium: ~~\$1,025~~ **\$0**
- Annual Deductible: ~~\$10,000~~ **\$200**
- Annual Out-of-Pocket Max: ~~\$17,900~~ **\$2,000**
- Primary Care Visit: ~~\$50~~ **\$5**
- Specialist Visit: ~~\$100~~ **\$10**
- Generic Medication Refill: ~~\$35~~ **\$3**

Note: Based on second lowest-cost Turquoise option with federal and state savings



COST SAVINGS EXAMPLE #2: COLLEGE STUDENT IN LAS CRUCES MAKING \$21,000 IN 2024

- Monthly Premium: ~~\$356~~ \$0
- Annual Deductible: ~~\$3,000~~ \$0
- Annual Out-of-Pocket Max: ~~\$18,000~~ \$80
- Primary Care Visit: ~~\$25~~ \$0
- Specialist Visit: ~~\$50~~ \$3
- Generic Medication Refill: ~~\$3~~ \$0

Note: Based on lowest-cost Turquoise option with federal and state savings



COST SAVINGS EXAMPLE #3: COUPLE IN THEIR LATE THIRTIES IN DEMING MAKING \$55,000 IN 2024

- Monthly Premium: ~~\$897~~ **\$12**
- Annual Deductible: ~~\$3,000~~ **\$1,500**
- Annual Out-of-Pocket Max: ~~\$18,000~~ **\$3,500**
- Primary Care Visit: ~~\$25~~ **\$5**
- Specialist Visit: ~~\$50~~ **\$20**
- Generic Medication Refill: ~~\$3~~ **\$1**

Note: Based on fourth lowest-cost Turquoise option with federal and state savings



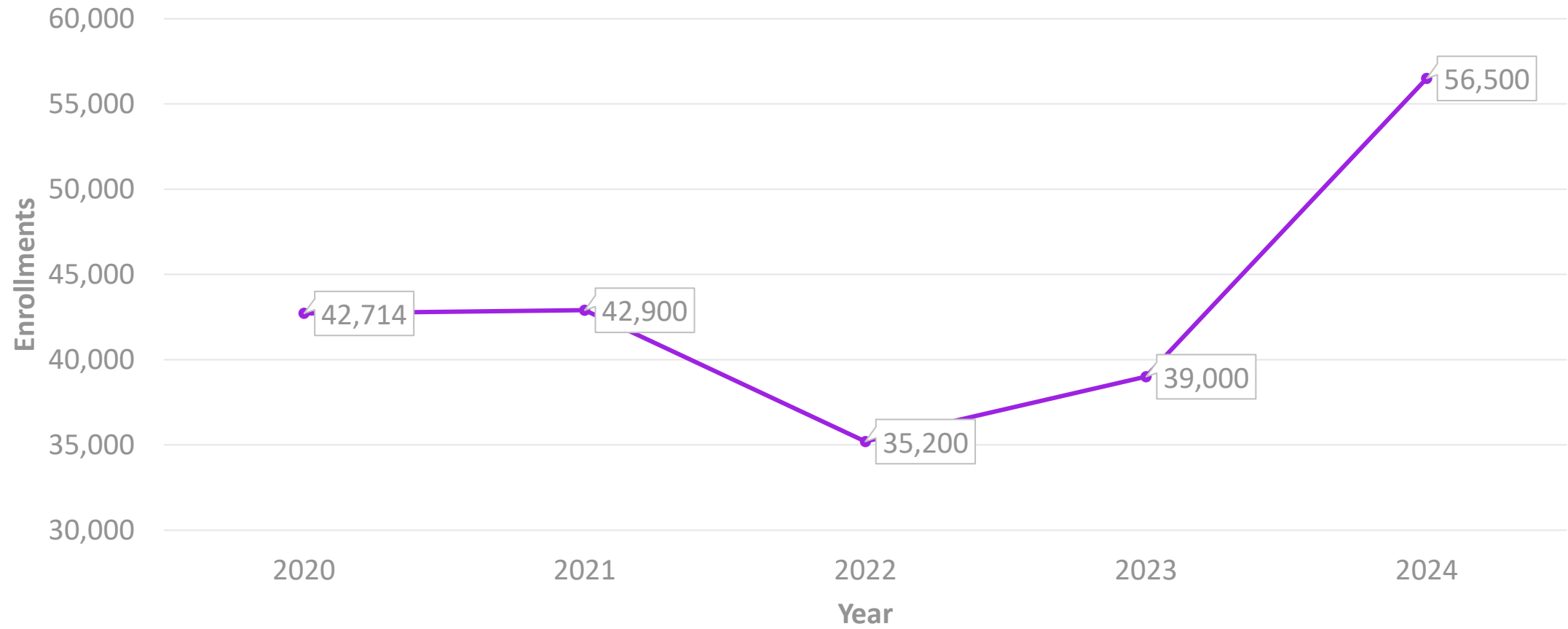
WHAT PROGRAM CHANGES ARE COMING IN 2025?

- Eligibility for Turquoise Plans will be extended from 300% FPL to 400% FPL.
 - Includes Turquoise Plans for Native Americans that have no out-of-pocket charges for services provided by IHS or other tribal health care providers.
- Extra premium assistance will be available to individuals under 200% FPL, expanding the number of low-cost or no-cost options available to lower- and moderate-income households.

Visit this webpage to learn more about MAP for 2025: <http://bit.ly/4dWiFpS>



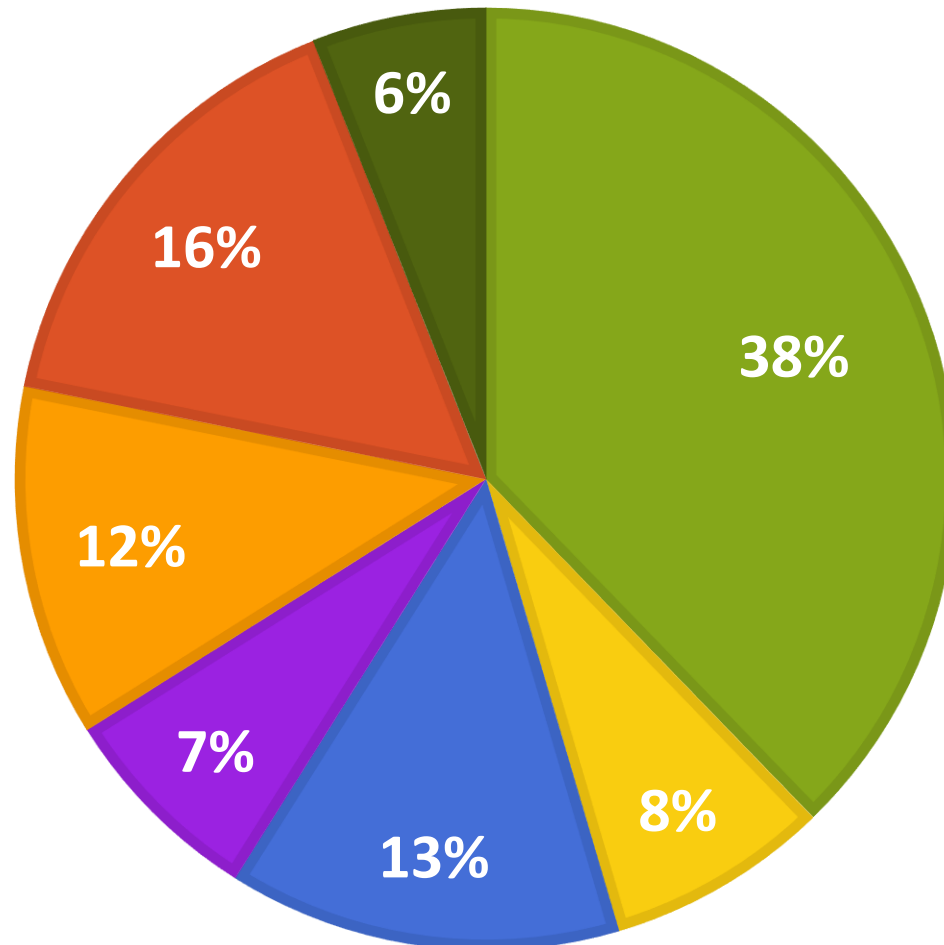
MARKETPLACE ENROLLMENT IS UP 44% YEAR-OVER-YEAR



CONSUMER PREMIUMS IN 2024

ENROLLMENT BY CONSUMER PREMIUM AMOUNT

■ No Premium ■ \$0.01-10 ■ \$10-50 ■ \$50-100 ■ \$100-250 ■ \$250-500 ■ \$500+



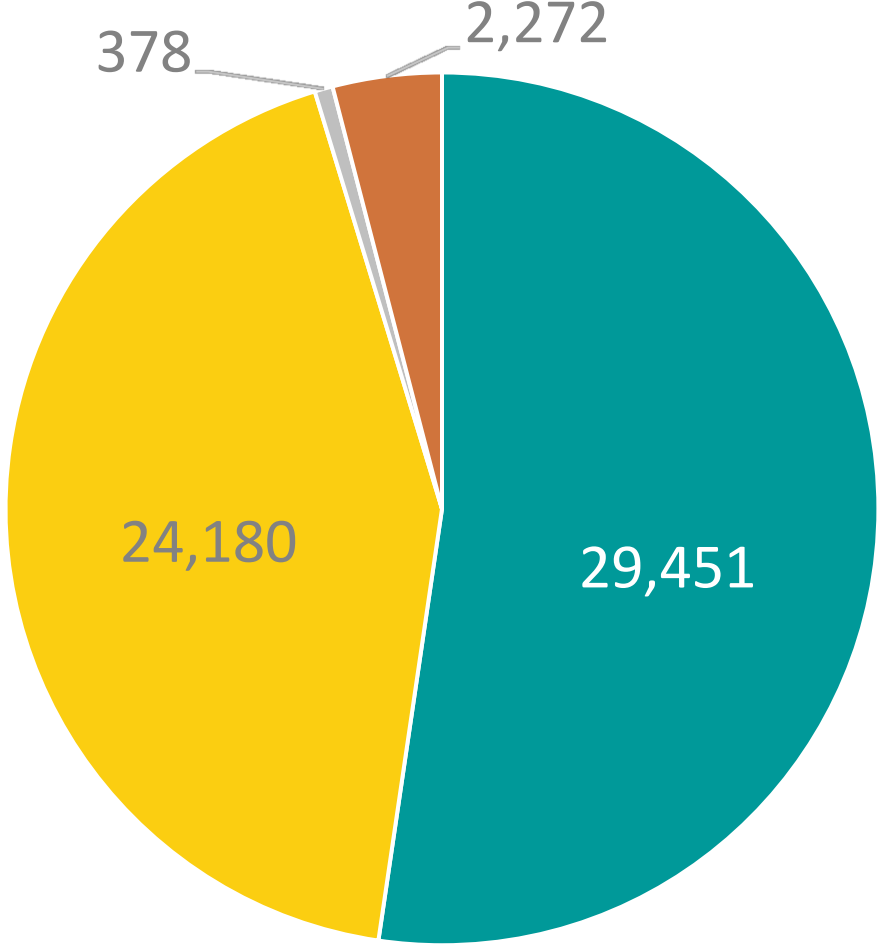
2/3 of enrollees selected a plan that cost less than \$100 per month



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MARKETPLACE ENROLLMENT BY METAL TIER WITH TURQUOISE PLANS INCLUDED (2024)



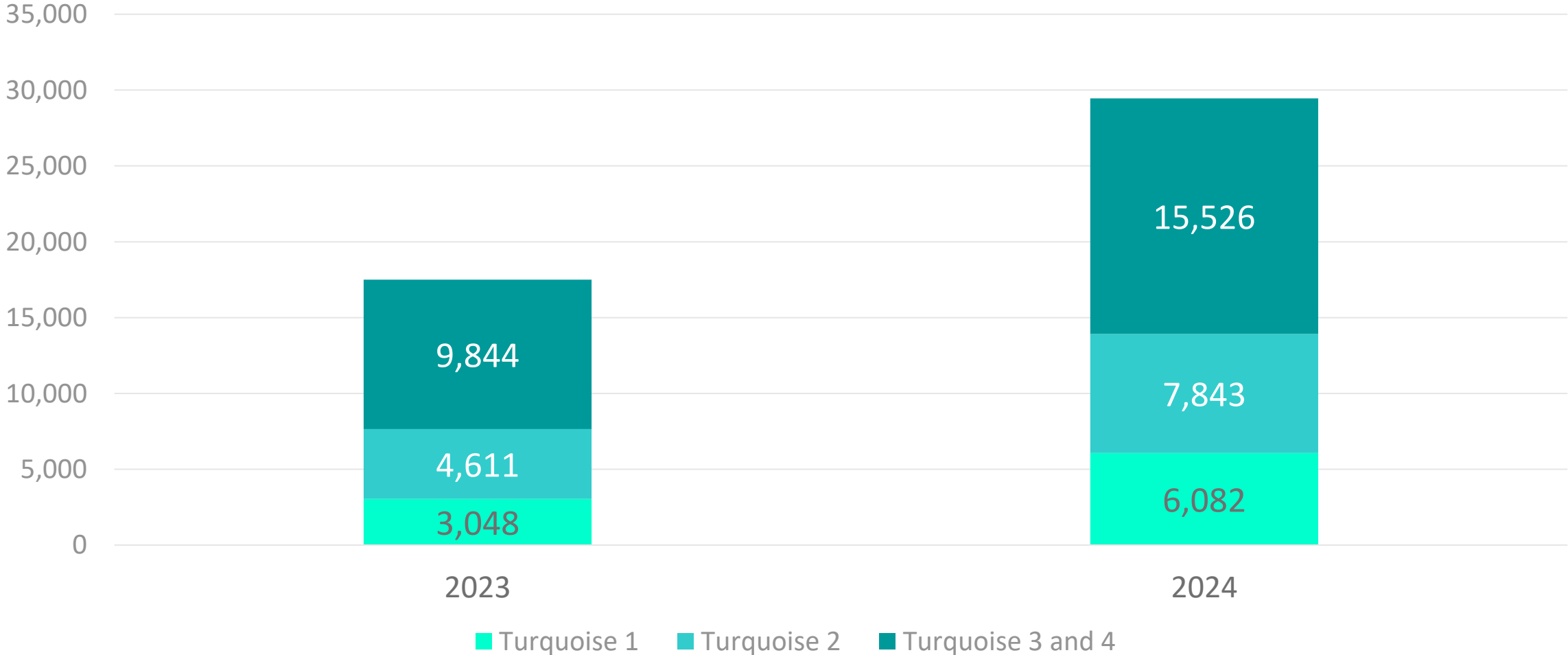
■ Turquoise ■ Gold ■ Silver ■ Bronze



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TURQUOISE ENROLLMENT 2023-2024



CLEAR COST PLANS

CLEAR COST PLANS

- In 2020, Governor Lujan Grisham advanced HB 100 to create “standardized health plans” on the Marketplace.
- “Standardized health plans” are plans offered by each carrier that have the same out-of-pocket cost design.
- BeWell calls these plans “Clear Cost Plans” which let consumers do “apples-to-apples” plan comparisons.
- The plans were designed with cost predictability in mind, minimizing the number of services subject to a deductible and only using copayments instead of coinsurance.



CLEAR COST PLANS

- All Marketplace carriers are required to offer Silver, Gold, and Turquoise Clear Cost Plans.
- Clear Cost Plans have the same out-of-pocket costs for covered benefits, like primary care and generic medication coverage. That means the consumer does not have to compare each benefit individually, and they can focus on other important factors, such as:
 - Plan quality: The best benefits for the cost
 - Network coverage: Which providers accept the consumer's insurance
 - Monthly premium: The amount the consumer will pay each month to have insurance



2025 CLEAR COST PLAN DESIGN FOR SELECTED BENEFITS

Plan	Turquoise 1	Turquoise 2	Turquoise 3
Deductible	\$0	\$100	\$500
Max Out of Pocket	\$200	\$1,000	\$2,400
Primary Care Visit to Treat an Injury or Illness	\$0	\$5	\$7
Occupational and Physical Therapy	\$0	\$5	\$7
Specialist Visit	\$3	\$10	\$20
X-rays and Diagnostic Imaging	\$3	\$10	\$20
Outpatient Surgery Physician/Surgical Services	\$5	\$35	\$60
Emergency Room Services	\$30	\$40	\$75
All Inpatient Hospital Services	\$30	\$40	\$75
Generic Drugs	\$0	\$3	\$5
Preferred Brand Drugs	\$3	\$10	\$10
Preferred Specialty Drugs	\$10	\$25	\$50

Services Highlighted in Blue are Subject to Deductible



CLEAR COST PLANS MARKER

Clear Cost Plans will be clearly marked when consumers are reviewing their plan enrollment options through BeWell.

EST. MONTHLY PREMIUM ⓘ	CARRIER AND PLAN DETAILS ⓘ	ANNUAL DEDUCTIBLES ⓘ	ANNUAL OUT-OF-POCKET COST ⓘ
<p>\$0.00</p> <p>Turquoise Plan</p> <p>Clear Cost Plan</p> <p>Overall Rating Not Rated</p>	<p>Clear Cost Turquoise 3 Plan with EXTRA SAVINGS</p> <p>Primary Care Visit: \$7/NA</p> <p>Generic Drugs: \$5/NA</p> <p>Emergency Services: \$75.00/NA</p> <p>HMO/TURQUOISE</p> <p>See Plan Details</p>	<p>Individual \$500.00</p> <p>Family \$1,000.00</p>	<p>Calculate Out-of-Pocket Cost</p>



MEDICAID TRANSITION PREMIUM RELIEF

MEDICAID TRANSITION PREMIUM RELIEF

- Some people who no longer qualify for Medicaid may be eligible for help through New Mexico's Medicaid Transition Premium Relief (MTPR) Program.
- Through the MTPR Program, the first month's premium may be covered for qualifying individuals changing from Medicaid to a health plan on BeWell.
- The program is meant to minimize coverage disruptions and lock-in consumer protections, including a three-month premium payment grace period after the first premium payment is made, for qualifying individuals and families who need quality affordable coverage.
- This program is only available through BeWell.



MEDICAID TRANSITION PREMIUM RELIEF ELIGIBILITY

- Any shopping group within a household with a qualifying individual is eligible for MTPR.
- A qualifying individual is a person who:
 - (1) is a resident of the state of New Mexico who is eligible to purchase a Qualified Health Plan (QHP) on the BeWell Marketplace;
 - (2) has been determined ineligible for minimum essential coverage Medicaid (“full Medicaid”) by the HCA or expects to become ineligible for full Medicaid coverage within 60 days of **submitting an application** to the BeWell Marketplace;
 - (3) is eligible for the federal Premium Tax Credit; and
 - (4) has an expected household income up to 400% FPL.



SMALL BUSINESS HEALTH INSURANCE
PREMIUM RELIEF INITIATIVE

NEW MEXICO'S SMALL BUSINESS HEALTH INSURANCE PREMIUM RELIEF INITIATIVE

Who is eligible?

- Small businesses with between 2 and 50 employees, or full-time equivalents, that purchase ACA-compliant small group plans.

What does the initiative do?

- Provide a 10% discount on premiums.

BeWell no longer has small group coverage, but the initiative applies to off-Marketplace plans.

The carriers with qualifying plans include Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and United Healthcare.



THE COVERAGE EXPANSION PLAN

NEW MEXICO'S COVERAGE EXPANSION PLAN

What is the Coverage Expansion Plan?

- The Coverage Expansion Plan (CEP) is a coverage program for uninsured New Mexicans who do not have access to other forms of coverage.

What will the program do?

- Provide coverage with affordability criteria similar to BeWell.

When will the program start?

- The current proposed launch date is July 1, 2025.

How will the program be administered?

- We are still evaluating different options for administering this program to ensure we provide the most efficient and cost-effective method to get affordable and accessible health care to the intended population.





THANK
YOU!



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