



HEALTH CARE AFFORDABILITY FUND

Annual Report to the
State Legislature



Presented By

THE NEW MEXICO OFFICE
OF SUPINTENDENT OF
INSURANCE

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Introduction

During the 2021 Legislative Session, the New Mexico Legislature passed, and Governor Michelle Lujan Grisham signed Senate Bill 317, which placed a moratorium on out-of-pocket costs for mental health services for state-regulated health plans and created a Health Care Affordability Fund (HCAF) to lower health care costs for New Mexicans. The law allows the Fund to be used to:

1. Reduce premiums and out-of-pocket health care costs for New Mexicans who qualify for coverage on beWellnm, the state's Health Insurance Marketplace;
2. Reduce premiums for small businesses and their employees;
3. Provide resources for planning, design and implementation of health care coverage initiatives for uninsured New Mexico residents; and
4. Provide resources for the administration of state health care coverage initiatives for uninsured New Mexico residents.

The Fund and its programs are administered by the New Mexico Office of Superintendent of Insurance (OSI). The resources provided by the Fund help the agency address critical health care affordability issues that are widely cited as barriers to care and economic burdens on New Mexico's families and businesses.

OSI conducted program planning, stakeholder engagement, and budget modeling throughout 2021, regularly reporting progress to the legislature throughout the development process. There are three different programs that have been launched or are on track to launch:

1. The Health Insurance Marketplace Affordability Program started January 1, 2023
2. The Small Business Health Insurance Premium Relief Initiative started July 1, 2022
3. The Uninsured Program is in development and expected to launch in late 2024

In preparation for designing specific program parameters for each of these programs, OSI worked with consumers, community groups, small business owners, and health care industry stakeholders. OSI contracted with experts and firms to study policy options and learn from other states' experiences to develop these programs, which included assistance in determining eligibility criteria and the best mechanisms of delivering financial assistance. By modeling the responses to financial assistance offered under each component and conducting actuarial analysis, OSI's contractors provided projections to the agency to determine the financing needs for each program of HCAF. Other than enrollment data for the Medicaid unwinding, all data in this report is specific to FY 23.

1. The Health Insurance Marketplace Affordability Program

The Patient Protection and Affordable Care Act (ACA), which passed in 2010, expanded Medicaid and created health insurance marketplaces (sometimes called “exchanges”) where many individuals and families who do not have access to other sources of coverage can qualify for financial assistance. New Mexico launched its own fully-state-operated marketplace (beWellnm) in the Fall of 2021. While the ACA led to significant coverage gains and established critical consumer protections, affordability challenges have caused many states to provide resources to lower costs further.

New Mexico’s Health Insurance Marketplace Affordability Program builds on top of the federal financial assistance available on beWellnm to offer qualifying individuals and families lower-cost coverage. To qualify for the program, consumers must 1) be eligible to purchase a QHP on the Marketplace, 2) qualify for federal Premium Tax Credits, and 3) meet income criteria established annually by the Superintendent. Financial assistance to enrollees comes from two different sources: premium assistance and state out-of-pocket assistance.¹

1.1 Federal Context

The American Rescue Plan Act (ARPA), which was passed by Congress in 2021, provided enhanced and expanded Premium Tax Credits to eligible consumers through the end of 2022. During the period of OSI’s planning for the Marketplace Affordability Program, there was significant uncertainty about whether the enhanced federal marketplace funding would continue. Due to this uncertainty, OSI’s FY 23 budget request assumed that the enhanced federal funding would not be extended, which was what was in federal law at the time, requiring higher state costs. OSI released program guidance to account for both federal scenarios to ensure beWellnm and health insurance carriers were prepared for either scenario. Fortunately, in August 2022, the Inflation Reduction Act (IRA) extended the enhanced federal funding for three years (through the end of 2025).

1.2 Program Parameters – 2023 Plan Year

New Mexico Premium Assistance

New Mexico’s Premium Assistance (NMPA) program caps how much individuals and families pay for health insurance on beWellnm based on their income, with lower-income households paying a lower percentage of their income on premiums than higher-income households. OSI’s program uses the federal benchmark plan to determine the premium assistance amount (Table 1).

¹ There are 4 metal-tiers of plans that are offered on New Mexico’s Marketplace: Bronze (highest out-of-pocket costs), Silver (medium out-of-pocket costs), and Gold (lowest out-of-pocket costs). To receive HCAF premium assistance, enrollees can purchase any metal-tier plan, except for bronze plans. On the other hand, to receive state out-of-pocket assistance, enrollees must purchase either silver- or gold-tier plans, depending on their income levels. The HCAF program parameters require that income-eligible individuals with incomes up to 200% FPL purchase a silver plan, while those with incomes between 200% - 300% FPL purchase gold plans. Considerations for the impact on state budget cost and discouraging enrollees from purchasing lower coverage plans went into the determination of these eligibility regulations for state out-of-pocket assistance eligibility.

Table 1: 2023 Plan Year HCAF Premium Assistance Scale

Federal Poverty Level	NM Benchmark Premium Sliding Scale (Benchmark Premium as % of income)
Under 200% FPL	0%
200-250% FPL	0-2%
250-300% FPL	2-5%
300-400% FPL	5-8.5%
400%+ FPL	8.5% (Federal Assistance Only)

Note: The Benchmark plan is second-lowest-cost Silver plan.

Native American Premium Assistance (NAPA)

For qualifying Native Americans, the Health Insurance Marketplace affordability program offers additional financial assistance:

- Up to 300% FPL: Members do not owe a premium for the lowest-cost plan offered by each carrier. The state covers what would otherwise be owed for the plan after accounting for federal APTCs and state premium assistance. Federal protections allow this group to enroll in plans with no out-of-pocket costs.
- Between 300-400% FPL: Premiums capped as per a sliding scale between 1-8.5% of household income for the second-lowest-cost Silver plan (as opposed to non-Native Americans between 300-400% FPL, where the premiums are capped on a scale of 5 -8.5% FPL).

Turquoise Plans and State Out-of-Pocket Assistance (SOPA)

Out-of-pocket costs, like deductibles, co-pays, and coinsurance, have been on the rise for decades, causing New Mexicans to shoulder more of the cost when they seek needed health care services. This makes working families less financially secure, as illness or injury becomes more likely to push families into medical debt or requires them to dip into their savings. OSI uses the Health Care Affordability Fund to directly boost the financial security of working families who get their coverage on beWellnm by offering “Turquoise Plans” that have much lower out-of-pocket costs. Individuals and families who make less than 300% FPL and qualify for federal assistance on beWellnm can enroll in Turquoise Plans that significantly lower how much they pay for doctor visits, hospitalizations, prescription medications, and other essential services.

By design, the SOPA component of the program adjusts out-of-pocket costs based on income. For the 2023 Plan Year, four levels of out-of-pocket assistance were available to individuals and households purchasing health insurance plans on beWellnm: Turquoise 1, 2, 3, and 4. Turquoise 1 has the lowest out-of-pocket costs and is available to those with income up to 150% FPL, followed by Turquoise 2 for incomes between 150-200% FPL, Turquoise 3 for incomes between 200-250% FPL, and Turquoise 4 between 250-300% FPL.

Carriers are required to offer plan variants that meet cost-saving targets established by the Superintendent. The federal government uses the concept of “actuarial value” to determine out-of-pocket cost reduction levels. Actuarial value (AV) is defined by the federal government as the “percentage of total average costs for covered benefits that a plan will cover.” The higher the plan’s AV, the lower the enrollee’s potential cost exposure is likely to be. State-funded out-of-pocket assistance applies to Silver plans (70% AV) for eligible individuals up to 200% FPL and to Gold plans (80% AV) for eligible individuals between 200.01-300% FPL.

Table 2: 2023 Plan Year Actuarial Values

Federal Poverty Level	Marketplace Affordability Program AV Level for SOPA Plans	ACA AV Level for Relevant Federal Variants
Up to 150% FPL	99% AV (Silver)	94% AV (Silver)
150.01-200% FPL	95% AV (Silver)	87% AV (Silver)
200.01-250% FPL	90% AV (Gold)	80% AV (Gold)
250.01-300% FPL	85% AV (Gold)	80% AV (Gold)

OSI designed Turquoise Plans around New Mexico’s unique market dynamics, leveraging existing federal programs to the greatest extent possible in order to save money for consumers and the State of New Mexico. The federal government currently provides cost sharing reductions (CSRs) for lower income enrollees (up to 250% FPL) who purchase a Silver plan. OSI builds on top of those CSRs for lower income individuals (up to 200% FPL). For individuals above 200% FPL, OSI applies state assistance to Gold plans that give individuals in that income range more robust coverage at prices that are lower than Silver on average. If OSI were to apply this assistance to Silver plans, it would cost significantly more for the state to provide the level of savings currently achieved by the state’s programs and would incentivize enrollment into higher premium plans for consumers.

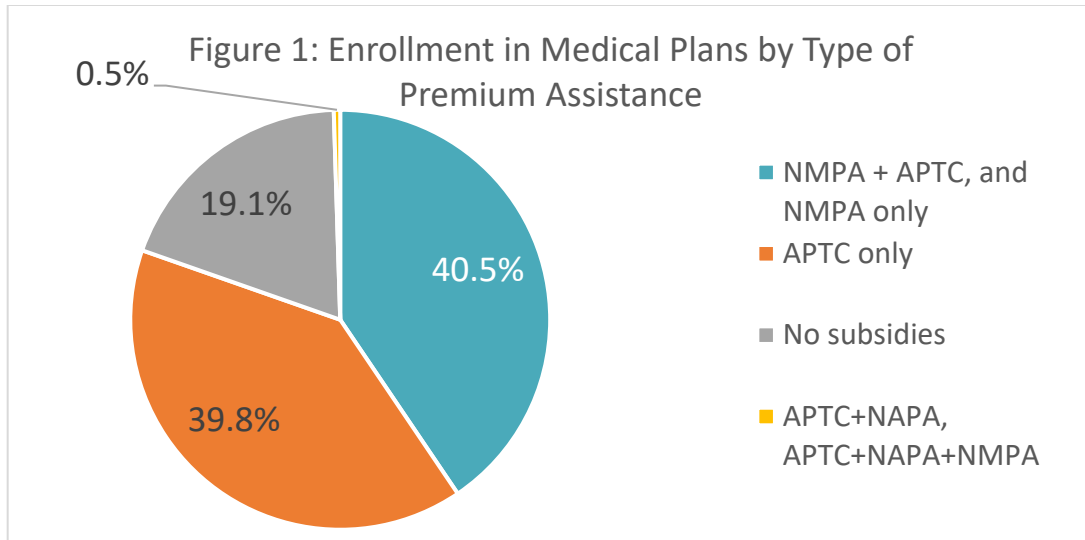
The program provides what is essentially an additional premium payment to carriers for each of their SOPA enrollees. OSI will reconcile these payments against actual use of the assistance following the plan year.

1.3 Enrollment

Insurance carriers offered a total of 38 plans for the 2023 Plan Year; of these, 21 are gold plans, 15 are silver plans, 1 is a bronze plan, and 1 is an expanded bronze plan. Carriers did not offer any platinum plans. As of June 2023, beWellnm open enrollment data show that 99% of the 2023 Plan year enrollment was in medical or medical-and-dental coverage plans (40,717), with only 470 enrolled in stand-alone dental plans. Individual market enrollment in this report will only represent medical coverage plans.

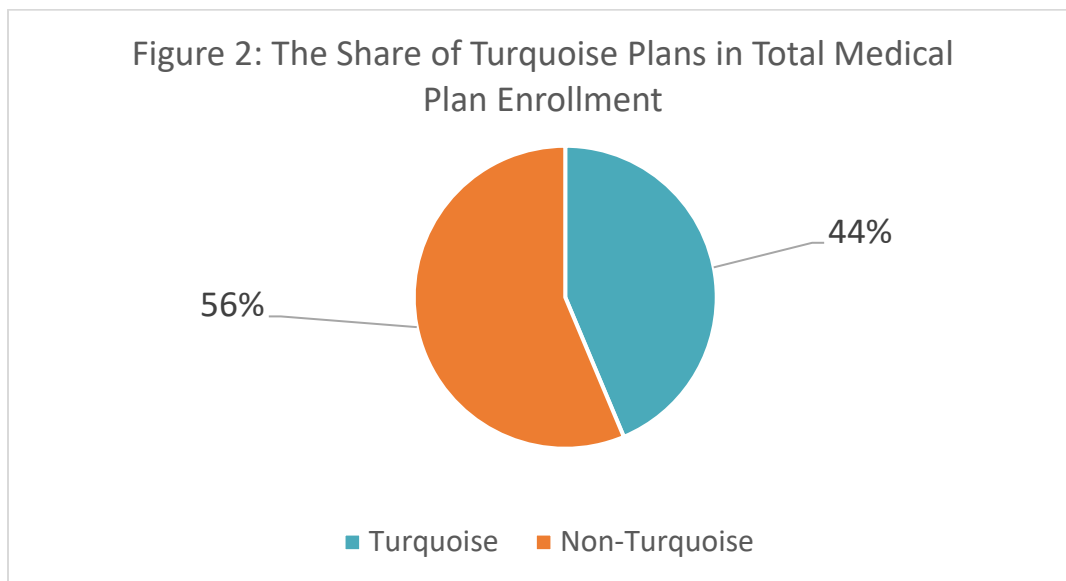
Premium Assistance Uptake

According to beWellnm data, close to 40% of enrollees (15,602) receive New Mexico state-funded premium assistance. BeWellnm continues to have low overall enrollment among Native Americans and uptake of NAPA is currently just above 200 people. OSI is working with beWellnm on strategies to promote the agency’s programs. Only 19.1% of those enrolled in medical plans did not receive any federal or state financial assistance. About 39.8% percent of enrollees only received federal Premium Tax Credits. Under the Inflation Reduction Act, qualifying households above 400% FPL are now eligible for federal Premium Tax Credits, with the benchmark premium being capped at 8.5% of household income (Figure 1).



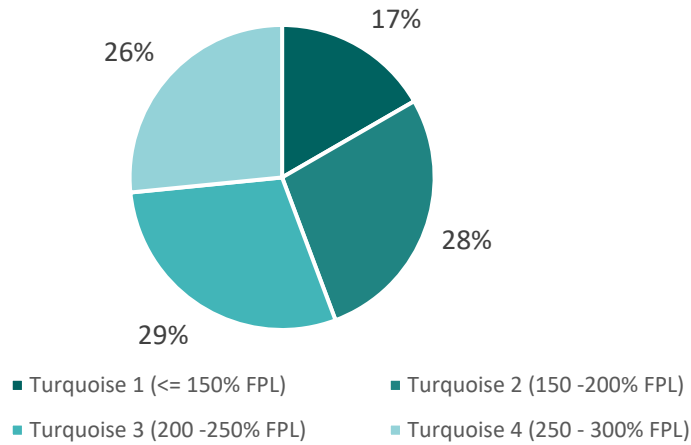
SOPA (Turquoise Plan) Uptake

A total of 18,221 enrollees receive SOPA, 44% of total beWellnm medical plan enrollment (Figure 2). OSI estimates that about 4-in-5 enrollees who qualify for Turquoise Plans have opted to select a Turquoise Plan.



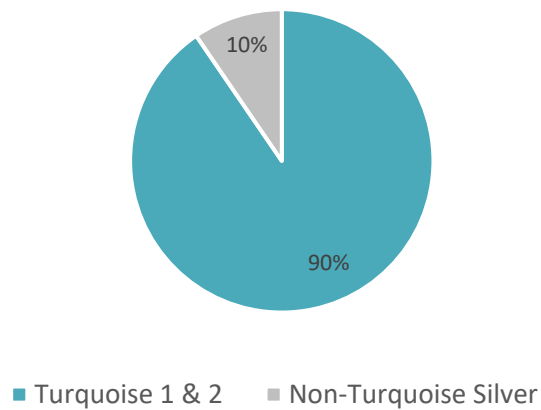
It is worth noting that enrollment is generally distributed evenly among Turquoise 2-4 (the higher FPL income categories), with a smaller share for Turquoise 1 in total enrollment (Figure 3). This is largely because most enrollment is concentrated in the group between 138-150% FPL, as most individuals under 138% FPL are eligible for Medicaid and therefore do not qualify for Marketplace coverage.

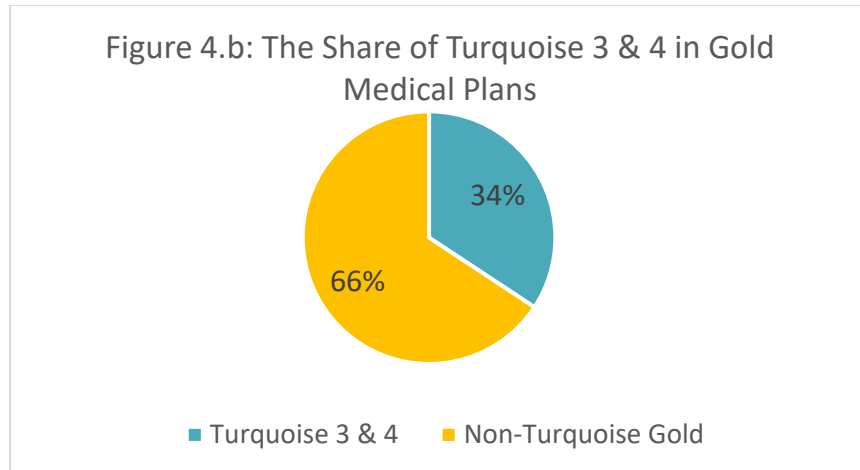
Figure 3: The Enrollment in Turquoise Plans by Variant



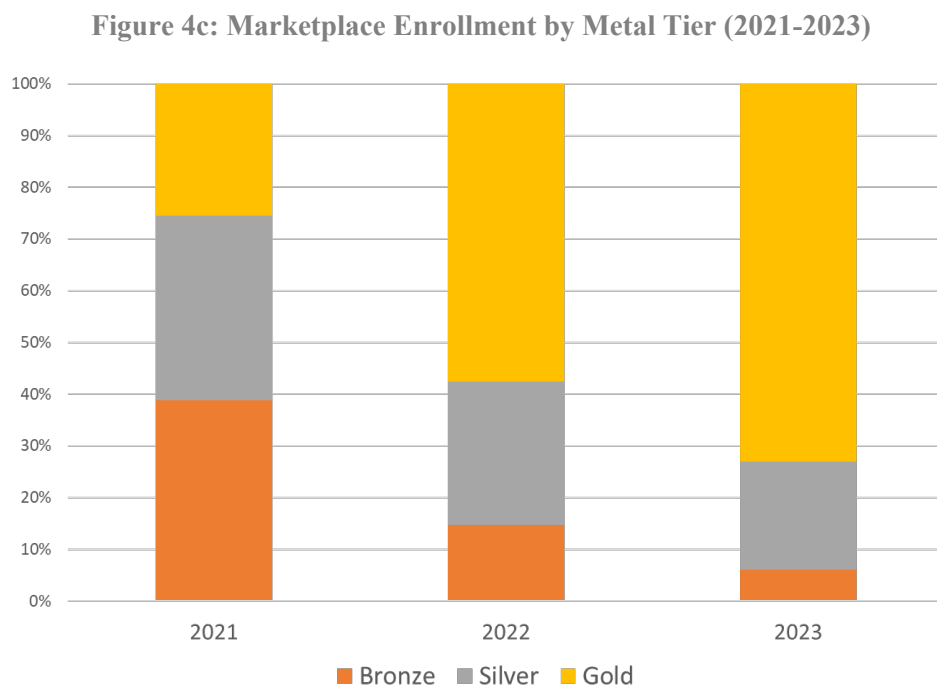
Turquoise 1 and 2 combined represent 90% of the total enrollment in Silver-level plans on the Marketplace (Figure 4.a). This is a very positive development, as all enrollees who aren't eligible for these variants can find lower cost options by enrolling in Gold plans. More than 8,000 people signed up for Turquoise 3 and Turquoise 4 Plans, representing 34% of Gold enrollees. Even for Turquoise 4 (the variant associated with the smallest SOPA amount and income levels who were not eligible for federal CSRs), there are over 4,842 enrollees who benefit from above-gold-metal cost sharing. This underscores the high responsiveness of individuals and households to out-of-pocket assistance (Figures 4.a and 4.b).

Figure 4.a: The Share of Turquoise 1 & 2 in Silver Medical Plans





In addition, the design of the program appears to be contributing towards the trend of more enrollees signing up for Gold-level plans, leading to better financial protection for enrollees. In 2021, nearly 40% of enrollees signed up for Bronze plans, which have the highest average deductibles and maximum out-of-pocket limits. Only 25% of enrollees selected a Gold plan that year. By 2023, only 6% of enrollees selected Bronze plans, while over 70% signed up for Gold plans. This represents a major shift into higher AV coverage in just a few short years. This trend began after OSI adopted guidance² that significantly lowered the net cost of Gold plans on the Marketplace. OSI designed the SOPA program around this guidance to maximize these benefits for enrollees and drive enrollment towards coverage offering maximum financial protection. Figure 4c shows metal tier enrollment between 2021-2023.



² [How New Mexico Dramatically Reduced Marketplace Deductibles At Zero Cost To The State | Health Affairs](#)

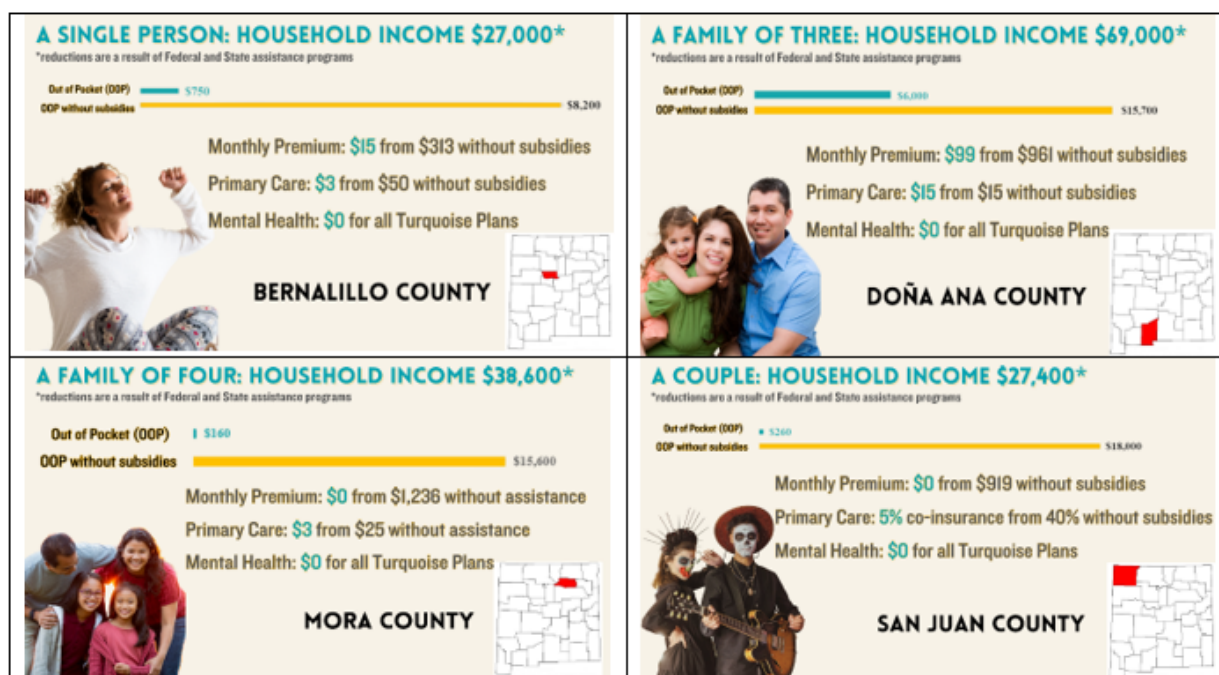
1.4 Affordability Indicators

Premium Assistance

Together, federal Premium Tax Credits and New Mexico's premium assistance program significantly reduce the net monthly premium that eligible individuals pay. The average net premium per month is \$76.87 as opposed to the gross (unsubsidized) average premium of \$625.36. Half of all enrollees pay \$50 or less in net monthly premiums and 30% of enrollees do not owe a premium. The federal premium tax credit contributes about 86% of the monthly cost of this assistance. On average, the NMPA assistance an additional reduction in premium of \$26.03 for eligible enrollees. For those eligible for NAPA assistance, the per enrollee monthly reduction in premiums is \$22.63.³

State Out-of-Pocket Assistance

The following are selected real-life cases for representative families' savings in different New Mexico regions. For example, \$0 monthly premium in three of the examples presented are down from premiums of over \$900 and \$1,200 in some cases. All examples exhibit significant reductions in maximum out-of-pocket costs. Many plans rely on copays for primary care visits which are as high as \$50 which are as low as \$3 per visit with the assistance. Even for plans that rely on coinsurance, the rate drops significantly from 40% to 5% of cost for a primary care visit. As per a New Mexico law that sets a moratorium on out-of-pocket cost for mental health care for health insurance plans sold on beWellnm, irrespective of income, all examples reflect compliance with this law.



³ Source: beWellnm dashboard data received in June, as of March 14th. This is the last report available for FY23 from beWellnm. We do not expect these averages to have significantly changed between March and June.

1.5 2024 Plan Year - Updates to Program Parameters

For Plan Year 2024, OSI introduced several changes to the Health Insurance Marketplace Affordability Program that seek to enhance affordability and improve cost predictability.

- For Turquoise Plans, primary care and generic drugs must use predictable co-pays, and a deductible cannot apply to these services.
- Maximum out-of-pocket limits for the lowest-income group, which cannot exceed \$500 per individual or \$1,000 per family.
- Out-of-pocket assistance is further enhanced for individuals and families between 250-300% FPL.
- Carriers are required to offer the Standardized Health Plans adopted by the beWellnm Board of Directors, including Turquoise Variants. These plans are marketed under the name “Clear Cost Plans.” See Section 1.6 for more information about Clear Cost Plans.

Table 3: 2024 Plan Year Turquoise Plan Actuarial Values

Plan Variant	Income Eligibility Threshold	Actuarial Value
Turquoise 1	Up to 150% FPL	99% AV
Turquoise 2	150.01-200% FPL	95% AV
Turquoise 3	200.01-300% FPL	90% AV

Guided by program implementation assessments, and feedback from beneficiaries, stakeholders, and issuers, OSI will continue to finetune program parameters to enhance affordability and expand health care access and utilization. There may be additional changes that are informed by program implementation, after the 2024 Plan Year. For example, OSI is exploring extending SOPA up to 400% FPL.

1.6 Clear Cost Plans (Standardized Health Plans)

Clear Cost Plans are standardized health plans that all carriers must offer on beWellnm for plan year 2024. All Clear Cost Plans have the same out-of-pocket costs for covered benefits. By offering standardized out-of-pocket costs, the consumer shopping experience can be simplified and streamlined, and consumers can compare offerings from each health insurance issuer as "apples-to-apples" without having to compare each benefit individually. Standardized Health Plans are designed to encourage using certain high-value health services, like primary care, by lowering out-of-pocket costs for those services.

During the 2020 legislative session, the New Mexico State Legislature passed HB 100 to give the beWellnm Board of Directors the authority to establish Standardized Health Plans. The beWellnm Board of Directors, based on recommendations from the Health Benefits Committee⁴, established one Silver Standardized Health Plan; one Gold Standardized Health Plan; and Turquoise variants of the applicable Standardized Health Plans for qualifying individuals and families. For Standardized Health Plans, health insurance issuers must only offer the benefits enumerated in the plan designs adopted by the beWellnm Board of Directors and may not alter the plan design for any covered service. Health insurance issuers

⁴ In accordance with 59A-23F-9, the beWellnm Board of Directors established the Health Benefits Committee in 2020.

must use the same statewide network for Standardized Health Plans as used by other plans they offer on the Marketplace.

The Committee began meeting in late 2020, culminating in establishing proposed plan designs. The Committee adopted 8 key plan features to guide decision-making around plan design. To the greatest extent possible, the Standardized Health Plans should:

1. Create the opportunity for apples-to-apples plan comparisons for consumers.
2. Improve cost predictability by only using co-pays (fixed dollar amounts) instead of coinsurance (a percentage of the service cost).
3. Categorize co-pay levels by lower, medium, and higher amounts, with high value services like primary care and generic medications having the lowest out-of-pocket costs.
4. Minimize deductibles and out-of-pocket maximum limits.
5. Minimize the number of services subject to a deductible.
6. Ensure reasonable costs for hospital/ER visits so that rural residents who have limited access to primary care and urgent care services in their area aren't priced out of care. Primary care and urgent care should have out-of-pocket costs that are lower than the hospital/ER services to encourage the use of those services whenever possible.
7. Lower out-of-pocket costs for specialty medications, which are typically used to treat complex, chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.
8. Focus on income-based out-of-pocket designs as part of the state's new out-of-pocket assistance programs.

[Click here](#) to view the final approved standardized health plans. Turquoise versions of the approved Clear Cost Plan designs can be found on the following page.

Table 4: Approved Clear Cost Turquoise Plans for the 2024 Plan Year

Plan	Turquoise 1	Turquoise 2	Turquoise 3
Income Eligibility Group (by FPL)	Up to 150%	150-200%	200-300%
Annual Deductible	\$0	\$100	\$500
Annual Max Out of Pocket	\$200	\$1,000	\$2,400
Actuarial Value	99.20%	95.10%	90.10%
Medical			
Low Co-Pay Medical Services			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Outpatient Mental Health/Substance Use Services	\$0	\$0	\$0
Primary Care Visit	\$0	\$5	\$7
Speech Therapy	\$0	\$5	\$7
Occupational and Physical Therapy	\$0	\$5	\$7
Mid Co-Pay Medical Services			
Specialist Visit	\$3	\$10	\$20
Imaging (CT/PET Scans, MRIs)	\$3	\$10	\$20
Laboratory Outpatient/Professional Services	\$3	\$10	\$20
X-rays and Diagnostic Imaging	\$3	\$10	\$20
Skilled Nursing Facility	\$3	\$10	\$20
Urgent Care Facility	\$3	\$10	\$20
Higher Co-Pay Medical Services			
Outpatient Facility Fee	\$5	\$35	\$60
Outpatient Surgery Physician/Surgical Services	\$5	\$35	\$60
Emergency Room Services	\$30	\$40	\$75
All Inpatient Hospital Services (inc. MH/SUD)	\$30	\$40	\$75
Prescription Medications			
Generics	\$0	\$3	\$5
Preferred Brand Drugs	\$3	\$10	\$10
Preferred Specialty Drugs	\$10	\$25	\$50
Non-Preferred Brand Drugs	\$15	\$50	\$100
Non-Preferred Specialty Drugs	\$25	\$65	\$125
Services Highlighted in Blue are Subject to Deductible			

Note: All deductible and max out-of-pocket limits are for an individual. Deductible and max out-of-pocket limits for Plans with more than one enrollee are twice the amount listed.

2. The Small Business Health Insurance Premium Relief Initiative

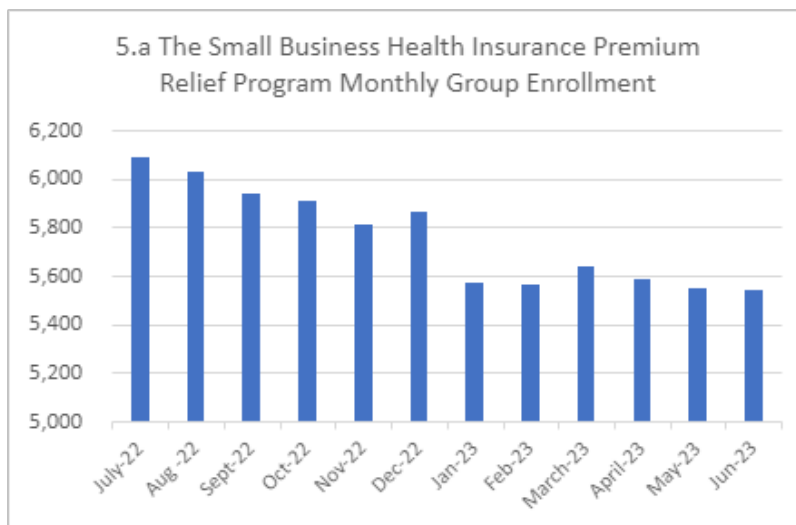
To reduce health insurance premiums for small businesses that purchase coverage in the small group market, OSI launched the Small Business Health Insurance Premium Relief Initiative in July of 2022.

2.1 Program Parameters and Participating Carriers – July 2022 to June 2023

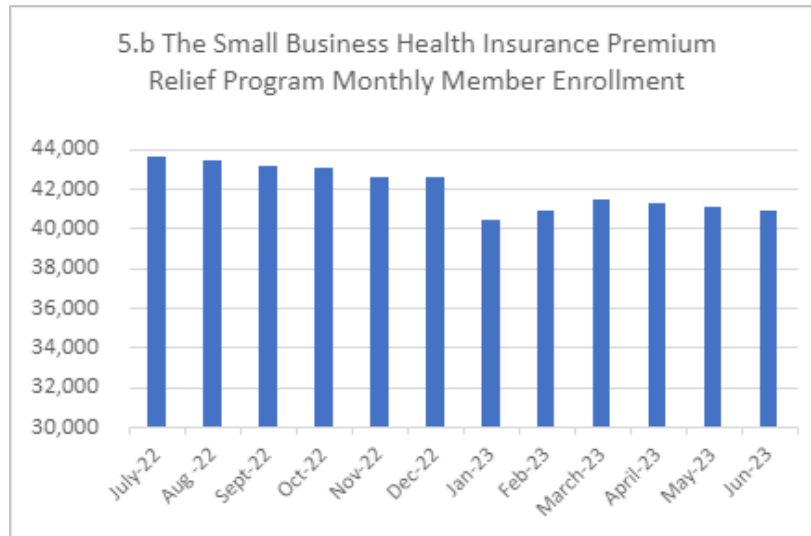
Small businesses with 50 or fewer employees or full-time equivalents that purchase ACA-compliant small group plans are eligible for the initiative, which reduces premiums by 10%. Premium relief is offered on and off-exchange. To minimize administrative burdens and maximize the program's reach, OSI directed participating health insurance carriers to automatically apply a credit to the employer's monthly invoice and invoice OSI for the benefit. OSI reimburses carriers monthly. Five carriers offered discounted plans through June of 2023, including Blue Cross Blue Shield of New Mexico, True Health New Mexico, Presbyterian Health Plan, United Healthcare, and Friday Health Plan. True Health New Mexico and Friday Health Plan no longer offer coverage in the state. Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and United Healthcare will continue to offer eligible plans after July 1, 2023.

2.2 Small Group Enrollment – July 2022 to June 2023

In July 2022, 6,087 groups⁵ received the 10% premium discount. By June 2023, the number of groups fell to 5,538, a reduction of 9% in the total number of benefiting groups. The total number of members (covered lives) decreased from 43,624 in July 2022 to 40,886 members in June 2023, a 6% reduction, resulting in the average number of members per group increasing from 7.1 in July 2022 to 7.4 in June 2023 (Figures 5.a and 5.b)



⁵ The number of groups does not have a one-to-one correspondence to the number of participating businesses because of the possibility of some larger businesses to be offering more than one plan for employees to choose from.



In analyzing the share of group size ranges, the percentage share of each size in total group enrollment, the average monthly and annualized discount per group for July 2022 and May 2023⁶, there are several nuanced details that become apparent. For example, the number of groups in the largest two group-size categories (25-50 and over 50 members) increased by 12%, while the number of groups in the smallest two categories (1-5 members and 6-9 members) fell by 10% (Table 5 and Table 6).

Table 5: July 2022 Small Business Group Distribution by Group-Size Range

Group Sizes	Average			Average Monthly Discount per Group	Annualized Average Discount per Group
	Number of Groups	Percentage of Total	Cumulative Percentage		
All Group sizes	6,087	100.00%		\$416.35	\$4,996.20
1-5 members	3,691	60.60%	60.60%	\$173.85	\$2,086.20
6-9 members	1,079	17.73%	78.33%	\$409.50	\$4,914.00
10-24 members	1,036	17.02%	95.35%	\$821.30	\$9,855.60
25-50 members	245	4.02%	99.37%	\$1,872.00	\$22,464.00
more than 50 members ⁷	37	0.61%	100.00%	\$3,827.40	\$45,928.80

⁷ Note that while the small group market is available to businesses with 50 employees or fewer, the number of members covered by a group plan may exceed 50 members because of dependent coverage. For the same reason, smaller group-size ranges do not correspond to employee-based business classification. For example, a large business may offer an unattractive plan where a small number of employees choose to enroll in the plan, and thus producing a group plan enrollment that is smaller than the total number of the business employees.

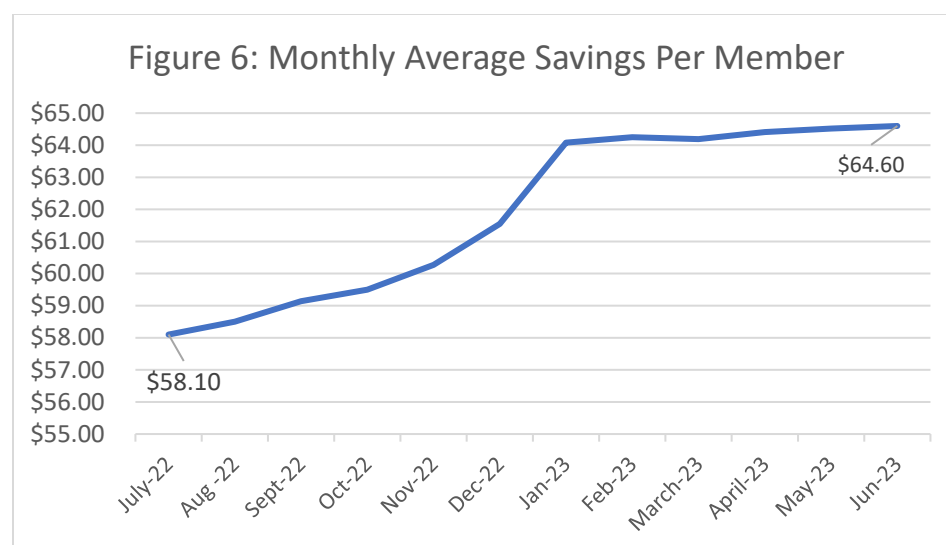
The 1 -5 member groups represent 60% of the total number of groups receiving the premium relief in July 2022 and 59% of groups in May 2023. For under 10-member groups the ratio rises to 78.4% and 77.3% of all groups for July 2022 and May 2023, respectively.

Table 6: May 2023 Small Business Group Distribution by Group Size Range

Group Size	Number of Groups	Percentage of Total	Cumulative Percentage	Average Monthly Discount per Group	Annualized Average Discount per Group
All Group sizes	5,545	100.00%		\$477.62	\$5,731.44
1-5 members	3,293	59.39%	59.39%	\$197.49	\$2,369.88
6-9 members	994	17.93%	77.32%	\$452.02	\$5,424.24
10-24 members	992	17.89%	95.21%	\$907.85	\$10,894.20
25-50 members	277	4.09%	99.30%	\$2,075.25	\$24,903.00
More than 50 members	39	0.70%	100.00%	\$4,540.75	\$54,489.00

2.3. Affordability Indicators

The purpose of the Small Business Health Insurance Premium Relief Initiative is to provide premium relief for businesses with 50 or fewer employees and their employees so that they can purchase health insurance coverage. OSI has opted to apply a 10% reduction in premiums across all plans in the market. This provides a straightforward reduction that minimizes administrative burdens on employers, their employees, and OSI. Figure 6 provides the average monthly savings per member July 2022 through June 2023.



The rising monthly savings per member is directly related to the premium costs and plan selection trends in the market. The average monthly savings per member rose from \$58.10 in July 2022 to \$64.60 in June 2023. Because overall premiums increased between 2022 and 2023, overall program costs rose. This is a direct result of the premium relief being applied as a 10% reduction for any plan selected by the enrollee. The average monthly savings per member over all group sizes masks some important differences among group sizes both at the start of the program, and in terms of the savings over time between July 2022 and June 2023. The smallest groups (1-5 members) receive the highest amount savings from HCAF in both July 2022 and June 2023, compared to larger groups because of the higher premiums they must pay, if the distribution of self-only and other-than-self only plans does not differ within a group in larger vs. smaller groups.

Table 7: Monthly Savings Per Member, by Group Size Range: May 2023 vs. July 2022

Group Size Range	1 to 5	6 to 9	10 to 24	25 to 50	Over 50	All Group Sizes
July 2022	\$63.40	\$56.14	\$55.88	\$56.93	\$60.11	\$58.49
May 2023	\$70.62	\$62.23	\$62.70	\$64.51	\$67.90	\$65.59
Percentage Increase (May 2023 over July 2022)	11.4%	10.8%	12.2%	13.3%	13.0%	12.1%

3. The Uninsured Program

As required by 59A-23F-12, OSI submitted a plan to the Legislative Finance Committee and the Legislative Health and Human Services Committee that could offer health care coverage for uninsured individuals and families who do not qualify for other coverage programs. In crafting the plan, OSI engaged stakeholders to better understand the needs of the population, develop guiding principles, and generate policy ideas. OSI established the following guiding principles based on the statute and stakeholder engagement:

1. Consumer costs should be similar to or lower than what is offered on beWellnm;
2. Coverage for uninsured individuals and families under 200% of the Federal Poverty Level (FPL) should be prioritized;
3. The plan should align with existing programs to the greatest extent possible to minimize complexity while providing enough flexibility to meet the needs of the population; and
4. The plan should identify opportunities for program savings so that both benefits and enrollment can be maximized.

The report to the Legislature provides a roadmap for program design. It provides recommendations on eligibility, benefits, affordability criteria, program administration, enrollment, community outreach, and potential risk mitigation strategies. OSI has conducted several rounds of modeling and adjustments to the proposed implementation plan. OSI has presented a plan to the New Mexico Medical Insurance Pool Board of Directors to enter into a partnership to implement the program. Upon board approval, OSI will provide an additional report to the Legislature detailing the proposed approach. See Section 8 for additional details.

4. The Impact of the HCAF Program on Health Insurance Enrollment

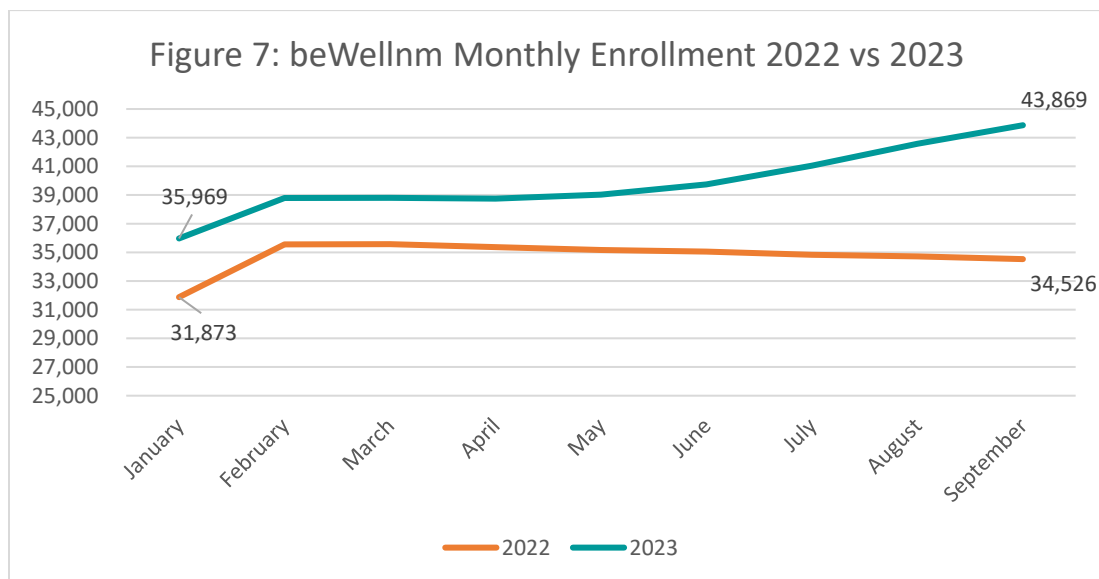
Section 3 presents the detailed enrollment numbers under the Health Insurance Marketplace Affordability Program and the Small Business Health Insurance Premium Relief. These numbers, however, do not distinguish between already covered beneficiaries whose health insurance became more affordable, and enrollees who were incentivized by state financial assistance to seek insurance coverage. Thus, the remaining HCAF impact relates to the program expanding the numbers of the insured, or conversely reducing the numbers of uninsured New Mexicans. OSI relied on Wakely Consultancy Group to estimate these numbers for all 3 program components for the fiscal years 2023 through 2026 (Table 8). These incremental enrollment increases are based on actuarial and economic assumptions that provide for the medium-term impact of the program, each component's start date, and the likely behavioral lag associated with each program component.

Table 8: Projected Enrollment Changes vs. Baseline Enrollment FY 2023 – FY 2026

HCAF Program	FY2023	FY2024	FY2025	FY2026
Small Business	900	1,800	1,700	1,700
Marketplace	1,100	2,450	2,900	2,350
Coverage Expansion	n/a	n/a	9,750	11,900
Total Take-up	2,000	4,250	14,350	15,950

Source: [Wakely NM HCAF Analysis Report 06.30.2023](#)

Modeling for the individual market occurred before the Medicaid unwinding had been completed for individuals expected to no longer qualify for Medicaid. Using September data, Marketplace enrollment is up 27.1% between September 2022 and September 2023. This increase in enrollment is likely due to a combination of the agency's affordability initiatives and individuals moving from Medicaid to Marketplace coverage following the unwinding.



5. Other HCAF-Related Initiatives

OSI participates in two other programs that contribute to the main objective of ensuring that New Mexicans can utilize all opportunities that contribute to uninterrupted health insurance coverage and overcoming any lack of communication or administrative delays that result in individuals' missing opportunities to be covered. While the responsibility for implementing these initiatives lies primarily with HSD and TRD, OSI and beWellnm are critical partners in these efforts for all state agencies to the State's collective objective of expanding health insurance coverage and minimizing coverage interruptions.

5.1. Medicaid Transition Premium Relief Program (MTPR)

In partnership with beWellnm, OSI launched the Medicaid Transition Premium Relief Program, which pays for the first month of Marketplace coverage for Marketplace-eligible individuals up to 400% FPL who lose Medicaid. The main objective of this program is to minimize coverage disruptions and make it financially easier for individuals to transition to new coverage after losing Medicaid eligibility. Estimates from a federal panel found that historically between 3 to 4 percent of those who lose Medicaid eligibility enrolled in the Marketplace.⁸ As of the publishing of this report, about 9% of those who were determined to be ineligible for Medicaid due to their income level had enrolled in a health plan on the Marketplace. beWellnm undertook extraordinary efforts to reach individuals losing Medicaid coverage. Coverage gains have been seen across the state, with some counties seeing Marketplace enrollment increase by as much as 56% (San Juan). Only two counties saw declines in enrollment (Catron and Los Alamos).

As of October 30, 5,229 individuals have transitioned from Medicaid to Marketplace coverage since the unwinding began. Over 1,500 households have benefited from the Medicaid Transition Premium Relief program. Some individuals who qualified for the program did not ultimately take up the assistance because they selected a plan that did not have a premium. Of those who have transitioned from Medicaid to Marketplace coverage since the unwinding began, 37.5% are under 200% FPL, 39.9% are between 200-300% FPL, 14.9% are between 300-400% FPL, 5.3% were above 400% FPL, and 2.3% are over 400% FPL.

Excerpt from the Washington Post on New Mexico's Medicaid Unwinding Efforts

In Albuquerque, Lorraine Martinez, 62, became seriously ill about five years ago with lupus, two other autoimmune diseases and a slow-growing kidney cancer in addition to long-standing liver problems. As she became less able to work, and finally stopped, she relied on savings from a busy career doing administrative work. In spring 2021, she applied for Medicaid and for disability benefits. The disability application has still not been decided, but Medicaid paid for her doctors, medicines and scans.

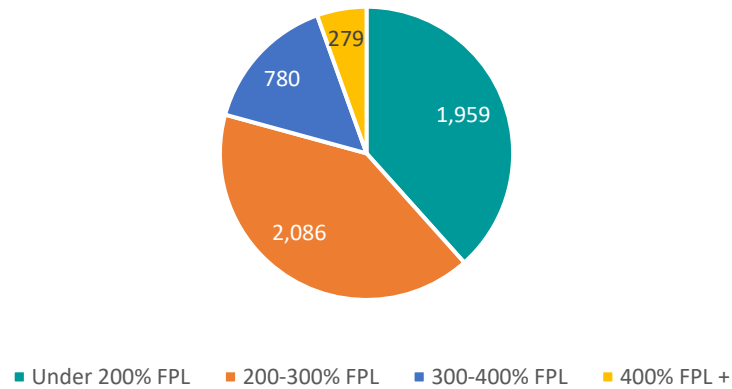
"Medicaid was critical," Martinez said. "I was blessed with it."

In April, her savings gone, she began drawing early Social Security benefits. It came at a cost: She turned out to be \$61 a month above the income threshold for Medicaid. "I was totally panicked," she said, not knowing how she would afford monthly infusions to treat her lupus, costing \$2,000 each — more than her monthly income — if she had to pay for them herself. She received an email announcing enrollment events by BeWellnm, the state's ACA marketplace, for people losing Medicaid. At an event at a public library, she received help applying for a health plan, Ambetter, run by the same insurance company that provided her Medicaid coverage. She qualified for the marketplace plan without a monthly premium. Her new coverage began Sept. 1, the day after her Medicaid ended.

⁸ See: <https://www.macpac.gov/wp-content/uploads/2022/07/Coverage-transitions-issue-brief.pdf>. Updated estimates for Medicaid enrollee roll-over to the exchange are currently being estimated by OSI's actuarial consultants.

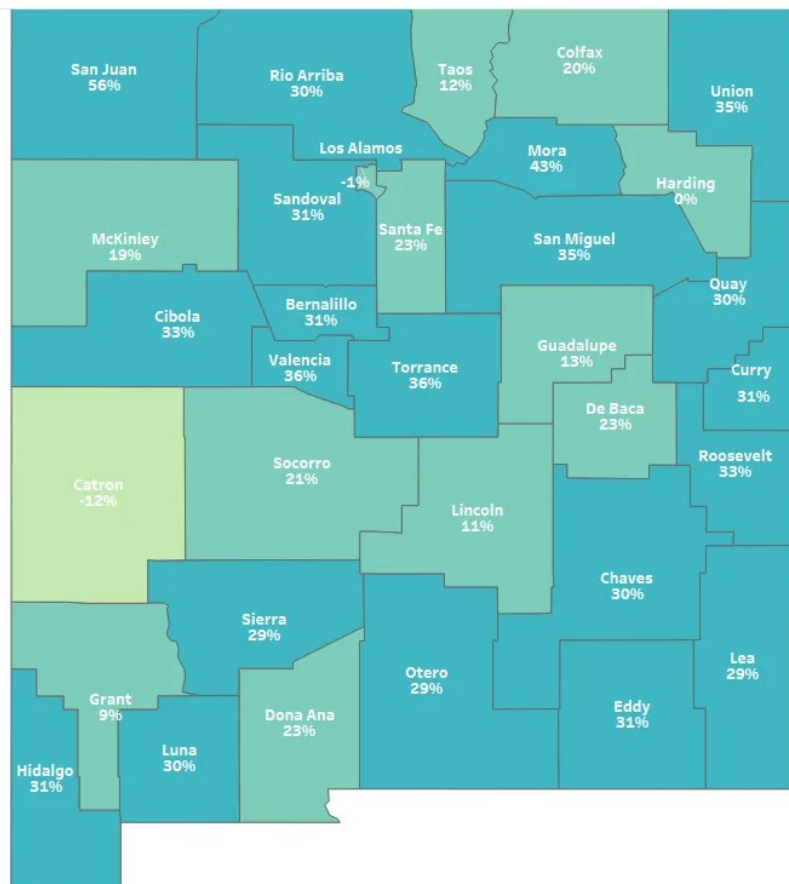
OSI sees this program as a cost-effective way to build a bridge between Medicaid and Marketplace coverage.

Figure 8: Medicaid-to-Marketplace Enrollment by Income Cohort



Note: 125 enrollees have an unknown income

Figure 9: beWellnm Enrollment Changes between September 2022 and September 2023 by County



5.2. The Easy Enrollment Program - Checking a Box on NM Tax Returns

New Mexico Human Services Department (HSD), beWellnm, OSI, and the New Mexico Taxation and Revenue Department (TRD) announced the launch of Easy Enrollment. This new program⁹ allows New Mexicans to check a box on their income tax form to see if they qualify for low-cost or no-cost health care coverage through Medicaid or beWellnm. According to beWellnm, 2,111 households have used the Special Enrollment Period established for the Easy Enrollment Program. A similar program in Colorado added 1,188 enrollments to their health insurance enrollment in its first tax year (2022). Maryland implemented a similar program that started for the 2020 tax year. The program added 4,015, 2,989, and 1,477, for the tax years 2020, 2021, and 2022, respectively, totaling 8,481 new enrollments over three years. Maryland estimates that for the 2022 tax year the percentage of those enrolled during tax time SEP was only equivalent to 7.4% of those who checked the box on the state's tax return forms.¹⁰

⁹ Pursuant to 45 CFR §155.420(d)(9).

¹⁰ Source for Colorado Information: https://c4-media.s3.amazonaws.com/wp-content/uploads/2022/09/06200034/20220907_EE_Advisory_PP.pdf and for Maryland's information: <https://www.marylandhbe.com/wp-content/uploads/2022/10/MEEHP-Work-Group-Presentation-10.14.22.pdf>

6. HCAF Administration and Operations

Upon the passage of the Health Care Affordability Fund, OSI established the Health Care Affordability Bureau within the Life and Health Division. The Bureau focuses on implementing the agency's affordability initiatives and works collaboratively with state agencies and stakeholders to improve and expand coverage for our constituents. The Bureau currently has 5 FTEs and received authorization to add 1 FTE in FY 24.

Colin Baillio – Deputy Superintendent

Colin Baillio oversees the Health Care Affordability Bureau. He sets the strategic vision for the bureau, manages the Health Care Affordability Fund, leads policy and budget development, manages contractors, oversees research efforts, engages stakeholders, and oversees the team. He works across multiple state agencies and quasi-governmental bodies to achieve policy goals, represents the agency on the Board of Directors for the state's Health Insurance Marketplace, presents to legislative committees, tracks and responds to federal policy developments, and works with other bureau leaders in the Life and Health Division.

Sahar Hassanin, PhD - Senior Economist and Acting Director of Affordability Initiatives

Dr. Sahar Hassanin conducts research and analysis for the bureau. She is involved in the implementation of several initiatives and played a major role in launching the agency's coverage affordability programs. Dr. Hassanin completed four research projects at the request of the legislature in FY 22. She will complete three additional projects by the end of FY 23, including a statewide survey about access and affordability issues with the University of New Mexico, a proposal to extend Medicaid to more state residents with the Urban Institute, and hospital global budgeting with Health Management Associates. She also played a major role in developing standardized health plans in partnership with the beWellnm Health Benefits Committee. Dr. Hassanin developed the agency's guidance on the annual reconciliation of state-funded cost-sharing assistance payments to issuers participating in the Health Insurance Marketplace Affordability Program and will play a lead role in implementing the process in FY 24. Other major projects for the next fiscal year include an analysis of policy and administrative costs for a new program targeted at uninsured New Mexicans, program modeling, assisting the Human Services Department/Health Care Authority with studies, legislative reports, and support during rate reviews.

Christina Robinson - Health Care Affordability Program Coordinator

Christina ("Chrissy") Robinson serves as a project manager, coordinating activities across the bureau and ensuring tasks and milestones are achieved on time. She also develops, drafts, and issues guidance for the agency's affordability initiatives. Ms. Robinson manages stakeholder feedback and regularly updates FAQs and bulletins for the Health Insurance Marketplace Affordability Program, Small Business Health Insurance Premium Relief Initiative, and Medicaid Transition Premium Relief Program. In FY 24, she will continue these activities, as well as participate in the development and implementation of the agency's uninsured program, update and improve existing programs policies, take on certain elements of rate review related to standardized health plans, work with the state Marketplace to create innovative re-enrollment strategies and improve consumer shopping tools, and assist with the agency's outreach and messaging efforts.

Shannon Chapman - Health Care Affordability Financial Coordinator

Shannon Chapman develops and implements payment processes for programs under the Health Care Affordability Fund and is responsible for ensuring timely, accurate payments. She collects, tracks, analyzes, validates, visualizes, and presents financial data for the bureau's initiatives. She conducts regular trainings with carriers on payment processes and troubleshoots issues in collaboration with other members of the bureau. Ms. Chapman is responsible for the annual reconciliation process under the Small Business Health Insurance Premium Relief Initiative. She consistently tracks program spending to ensure programs are within budget. In FY 24, Ms. Chapman will continue these activities as well as develop payment and budget tracking processes for the agency's uninsured program, assist with program research and modeling, and review all financial elements of program policies.

Cynthia C. Cisneros - Public Outreach Coordinator

Cynthia C. Cisneros is responsible for community outreach, messaging development, branding, and social media for the bureau. She also assists other divisions with these tasks when possible. Ms. Cisneros will manage an outreach campaign for both the agency's uninsured program and the Marketplace Affordability Program. Ms. Cisneros develops consumer-facing materials, manages the bureau's webpages, oversees ad campaigns, drafts press releases, conducts media interviews, tracks news stories, collaborates with partner agencies on public communications, makes presentations, convenes and conducts consumer focus groups, and leads many of the bureau's efforts to promote its programs.

7. HCAF Public Outreach and Communication

To achieve the maximum impact from the HCAF program components, OSI engaged in a two-track outreach and communication strategy. **Track 1** relies on outreach activities that deliver the message directly to potential beneficiaries via various traditional and digital channels. **Track 2** focuses on continuous collaboration with OSI's partners to deliver the program components. These partners are beWellnm, participating insurance carriers, advocacy organizations, and HSD.

Track 1 aims to deliver information regarding the Health Care Affordability Fund, or HCAF, directly to New Mexicans through multiple methods of public outreach. A webpage dedicated to HCAF program information was developed on the OSI website. Local media presence was expanded by re-establishing relationships with KOB 4 and Telemundo and renewing communications with KRQE, KOAT, and KNME. Informational and educational posts have been produced for social media platforms, specifically Facebook, Instagram, Twitter, and LinkedIn, resulting in increased social/digital engagement. A concerted effort has been made to deliver HCAF information and messaging in both English and Spanish languages in order reach to a greater number of New Mexicans. Direct public outreach using listening sessions and focus groups has also increased public engagement and our ability to disseminate information to populations that could potentially benefit from HCAF programming.

Track 2 prioritizes collaboration with various health care partners in New Mexico. Such partners include beWellnm, participating health insurance carriers, and NM Human Services Department. Collaborating with these organizations and agencies has enabled for information and messaging to reach a greater population throughout New Mexico.

Messaging has not only pertained to Open Enrollment Periods, Special Enrollment Periods, and information regarding the PHE transition but includes all active HCAF initiatives. By collaborating with different entities, we continue to expand our reach to the most rural parts of the State and give people information about potential savings opportunities while taking care of their health care needs.

8. HCAF Finances

OSI now has a full fiscal year of experience for the small business initiative and six months of experience for the Marketplace program. The actual spending for the small business initiative closely tracks the projections by OSI's actuarial consultants. Actual spending in the Marketplace program has been lower than projected under the scenario with continued enhancements in federal premium subsidies, primarily due to lower-than-expected enrollment, though more recent data after the Medicaid unwinding commenced aligns more closely with original projections. Modeling for these programs has been adjusted to account for experience during the first program year.

8.1 HCAF Revenue and Spending Summary (Actual and Projections)

FY 22 was the first year in which a distribution was made to the Fund. Funding available for this year was primarily allocated to uses not specified in the statute and to building reserves. Starting FY 23, the small business affordability program started operation in July 2022 and the Market affordability Program spending started in January 2023, with premium assistance and out-of-pocket assistance made available to New Mexicans enrolling in plan year 2023 health insurance available on the beWellnm Marketplace.

The HCAF is funded through a distribution from the state's surtax on health insurers. By statute, in FY 22, 52% of revenue was distributed to the HCAF; in FY 23 and FY 24, 55% of revenue is distributed to the HCAF; and in FY 25 and beyond, 30% of revenue is distributed to the HCAF. The HCAF was distributed \$73.96 million during the second half of FY 22, when the statute began distributing surtax revenue to the Fund. In FY 23, the distribution to the fund was lower than projections from the Consensus Revenue Estimating Group (CREG). In its December 2022 projections, CREG estimated \$148.2 million in HCAF distributions in FY 23, but OSI received \$138.20 million by end of FY 23 (Table 9).

According to the December 2022 CREG estimates, HCAF will receive \$137.3 million in FY 24, \$81.5 million in FY 25, and \$83.1 million in FY 26. HCAF is a non-reverting Fund, and reserves will be essential for program stability, particularly during FY 25 and FY 26 when the surtax distribution drops to 30%. HCAF programs will rely on reserves during those years to cover ongoing program costs. The HCAF programs deliver substantial benefits to individuals and families, and small businesses.

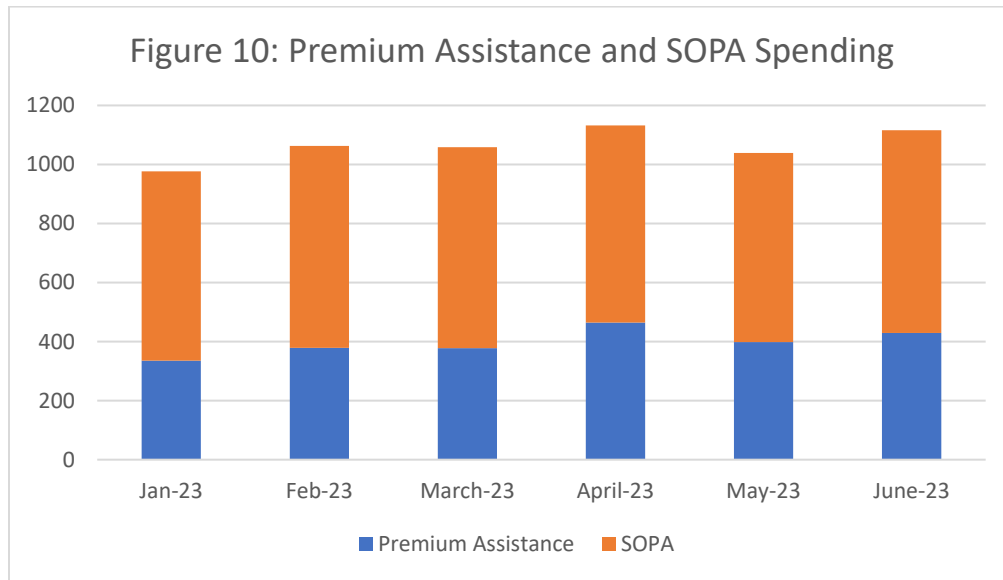
8.2 Budget Requests and Actual Spending in FY 22-23

The Health Insurance Marketplace Affordability Program

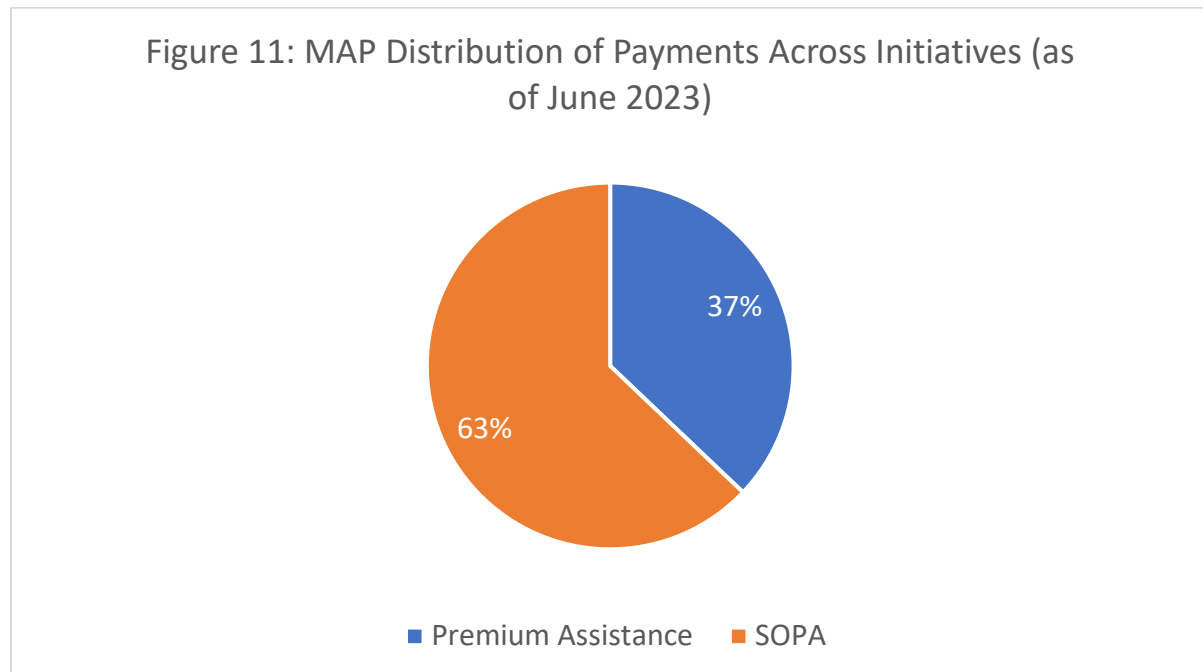
When OSI submitted a budget request for FY 23, enhanced federal premium subsidies under the American Rescue Plan Act were scheduled to expire on January 1, 2023. The agency's request of \$28 million was based on the expected costs without the enhanced federal subsidies for 6 months (January-June of 2023). Congress debated whether to extend the premium subsidies throughout 2022, creating significant uncertainty for the Marketplace Affordability Program. OSI and beWellnm took extraordinary steps to prepare for either scenario, creating unique guidance and system changes to ensure consumers could receive the full benefit available to them.

Ultimately, Congress extended the enhanced subsidies through 2025 by enacting the Inflation Reduction Act in August 2022. With the extension of these subsidies, the cost of OSI's program was reduced significantly. During the first six months of the program, OSI expended \$6.38 million on the Marketplace Affordability Program, with monthly spending stabilizing starting February onwards (Figure 10). While

the extension of enhanced federal subsidies primarily explains this, enrollment also remains below projections. This spending includes the first two months of the Medicaid Transition Premium Relief Program.



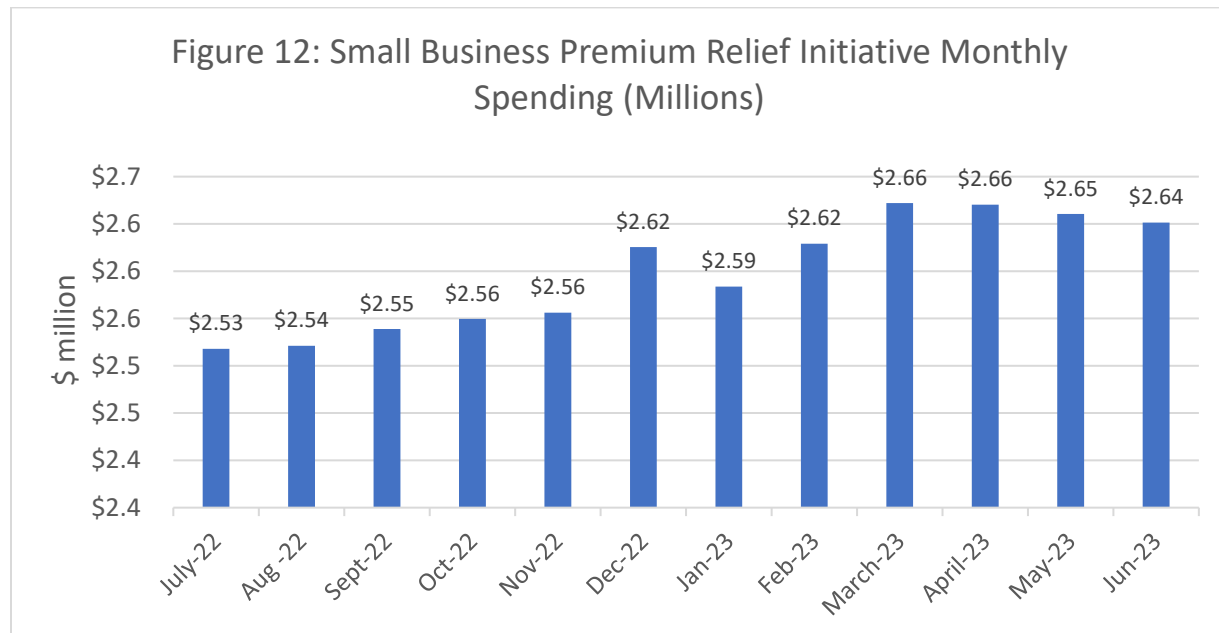
From the perspective of the distribution of spending for the MAP program, premium assistance cost accounts for 37% of total individual market spending. The remaining spending (63%) finances SOPA payments, which will be reconciled shortly after the end of the plan year (Figure 11).



Small Business Health Insurance Premium Relief Initiative

OSI was appropriated \$30 million for the first 12 months of the small business initiative. During the 2023 legislative session, the agency requested and was appropriated an additional \$2.3 million in anticipation of rate changes that occurred halfway through the fiscal year. However, due to the exit of two carriers from the market, enrollment shifts slightly reduced the amount needed to provide the 10% reduction during the final six months of the fiscal year.

OSI's actuaries did not project significant enrollment changes due to the premium discount. Enrollment in the small business initiative has declined modestly over the past year from 6,087 to 5,538 groups (43,624 to 40,886 members). Some of this shift appears to be due to the exit of True Health New Mexico and Friday Health Plan from the market. These carriers are exiting markets across the country, with True Health NM's subsidiary exiting health insurance altogether and Friday Health Plan being in receivership in several states due to solvency issues. OSI requires all carriers to notify new and existing members of the initiative and any possible changes. Figure 12 provides the monthly spending for the small business premium relief initiative. Overall, projections have closely mirrored actual experience. Premium increases, total small group enrollment, and group shifting between carriers will be the biggest drivers of program costs moving forward.



Other Spending

During FY 22, FY 23, and FY 24, the Legislature appropriated funding to several priorities not specified in the HCAF authorizing statute. This included funding for ongoing Medicaid costs, Medicaid nursing home programs, state employee health benefits, and the Rural Healthcare Delivery Fund (See Table 7). While these are laudable programs, long-term sustainability for HCAF programs that are intended for individuals, families, and small businesses could be negatively impacted. The HCAF was designed in statute to build a substantial reserve during early years to finance its programs during out years when the distribution is reduced. OSI recommends revisiting reserves and distributions.

8.3 Health Care Affordability Funding for Fiscal Year 2024

\$79.21 million was appropriated to OSI for HCAF programs in FY 24. These funds will be used to continue OSI's existing programs, assist with the Medicaid unwinding transition, and support the implementation of the agency's uninsured program. Accumulated fund reserves from FY 22 and FY 23 ensure that future obligations can be met if program costs exceed projections. These reserves are critical in ensuring stability in future years, especially after the distribution to the Fund drops from 55% of surtax revenue to 30%.

The uninsured program will largely mirror the general program design features proposed to the Legislature in the agency's plan that was submitted at the end of FY 22. The major difference is OSI's approach in the administration of the program, which OSI proposes to be conducted by the New Mexico Medical Insurance Pool (NMMIP), which currently serves this population but struggles to reach low-income individuals due to coverage affordability issues. To ensure equitable access among individuals with high health needs and those who primarily need access to basic services to maintain good health, OSI has proposed an approach that provides targeted assistance to low-income individuals who do not have access to other types of coverage, including public sources like Medicaid and Medicare or private sources like employer-sponsored insurance and plans offered on beWellnm. While OSI originally hoped to launch the program in FY 24, the agency now believes that the launch date will not occur until FY 25. However, critical investments in program infrastructure and administration will be needed during FY 24.

8.4 Projected Program Spending and HCAF Revenues Through 2026

OSI's actuarial consultants project that total program spending will increase in the coming fiscal years as the uninsured program is implemented. However, total spending is significantly lower than the total revenue generated for the state by the HCAF's enabling statute. Together, the HCAF's programs will continue to have a positive impact on the health, economic security, and ability to access care for New Mexicans while ensuring providers are paid for their services.

There are several areas of uncertainty for program spending that OSI is tracking closely. First and foremost, there is considerable uncertainty around the impacts of the end of the Medicaid continuous coverage requirement, which requires the Human Services Department (HSD) to begin conducting eligibility redeterminations for Medicaid enrollees for the first time since the Public Health Emergency was declared in March of 2020. Many individuals who no longer qualify for Medicaid will have access to employer-sponsored health insurance, and those who do not are likely to qualify for beWellnm. While projections on eligibility for beWellnm suggest that a substantial portion of enrollees qualify for beWellnm, actual projections on uptake remain low. OSI is working closely with HSD and beWellnm to coordinate strategies and significant efforts to educate the public about their coverage options are essential for minimizing coverage loss.

As noted above, 44% of beWellnm enrollees have enrolled in coverage that qualifies for out-of-pocket assistance. These plans are known as "Turquoise Plans." While actual spending on this component of the program is generally on target with projections, out-of-pocket assistance payments are subject to a reconciliation process near the end of FY 24, which could moderately impact program spending in either direction, depending on actual service utilization. This process will provide additional certainty about uptake and utilization for future modeling. Overall, the Marketplace program costs are expected to be lower than originally projected due to lower enrollment, even with enhancements in the benefits offered, such as enhancements and expansions of Turquoise Plans for individuals above 250% FPL.

Table 9: HCAF Revenue and Spending from FY 22 – FY 26 (Millions)

Fiscal Year	FY22	FY23	FY24	FY25	FY26
Revenue	\$73.96	\$138.2	\$137.30	\$81.50	\$83.10
OSI - Small Business Affordability Initiative	\$0.00	\$28.37	\$34.60	\$36.60	\$39.60
OSI – Marketplace Affordability Program	\$0.00	\$6.38	\$19.10	\$21.70	\$21.40
OSI - Uninsured Affordability Program	\$0.00	\$0.00	\$7.30	\$43.00	\$51.70
OSI - Program Management	\$0.15	\$0.60	\$0.95	\$0.95	\$0.95
GSD – State Employee Health Benefits	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00
HSD - Medicaid Costs	\$23.98	\$31.76	\$41.30	\$0.00	\$0.00
Total Spending in FY	\$34.13	\$67.11	\$103.25	\$102.25	\$113.65
Remaining Fund Balance	\$39.83	\$110.92	\$145.47	\$124.72	\$94.17

Note: FY 22 and FY 23 represent actual spending and revenue; FY 24 onward represent actuarial projections and CREG revenue projections from the December 2022 update as well as projections from Wakely and OSI

Modeling of the program for uninsured New Mexicans is based on an innovative proposal to cover enrollees through a partnership with NMMIP. Projections show that the program could reduce NMMIP assessment costs while improving affordability and boosting enrollment for low-income uninsured New Mexicans. Several risk mitigation strategies have been included in the proposal, including a cost-sharing arrangement, opportunities for savings, a limited enrollment period, and enrollment caps, if needed to stay within budget. OSI plans to have additional details available for the legislature during the upcoming legislative session.

8.5 Increases in state costs of the small business initiative are driven by projected growth in health care costs

The most significant external factor that could impact program costs is whether Congress extends the enhanced federal premium subsidies on the Health Insurance Marketplace. OSI is working with its consultants to proactively assess the impacts on enrollment, consumer costs, costs to the state, and mitigation strategies. The agency will explore several policy options to shield lower-and-middle income enrollees from significant cost increases, including federal waivers and program changes. Changes in the Marketplace program would also be likely to impact the We need to say something about dealing with other risks that may go beyond the accumulated reserves, especially the termination of the IRA federal premium subsidies after 2025 and whether there will be a potential for maintaining the HCAF assistance tools or we will have to reduce some of these assistance levels, especially if there are economic conditions that simultaneously reduce ear-marked tax revenues or general state revenues.

9 Commissioned Policy and Research Activity Management

SB 1 (2022 Special Session) included funds to study topics related to the affordability and accessibility of health coverage in New Mexico, with specific language related to hospital global budgets. With input from legislators and advocates, OSI completed the following studies:

- Hospital Global Budgeting Study (Health Management Associates)
- New Mexico Health Access Survey (UNM Social Policy Center)
- Medicaid Forward (Urban Institute)
- Standardized Health Plan Research and Development (Wakely Consulting)

These studies are posted on OSI's website at: <https://www.osi.state.nm.us/osi-affordability-and-accessibility-research-projects>

OSI continues to produce high quality health policy research that informs legislators about health care access, health insurance, and state health care policy proposals that contribute to the state's goals. These research projects help position the state to enhance affordability, expand access, and improve the overall state health policy landscape.

10 Conclusion

The HCAF has given OSI critical new tools to directly reduce health care costs for individuals, families, and small businesses in New Mexico. OSI is proud of the innovative initiatives that have been launched to date and looks forward to building on these efforts in the coming years.