

New Mexico's Medicaid Transition Premium Relief Program

Frequently Asked Questions v1.2



To help New Mexicans who no longer qualify for Medicaid and can't get coverage through an employer or other public insurance programs, the New Mexico Office of Superintendent of Insurance (OSI) and beWellnm are partnering to cover the first month's premium for most people who qualify for beWellnm. The [Medicaid Transition Premium Relief Program](#) is funded by the State of New Mexico in order to minimize gaps in coverage and care. This document may be updated periodically to respond to additional questions received by OSI. You can submit questions to Christina.Robinson@osi.nm.gov.

1. Who qualifies for Medicaid Transition Premium Relief?

Individuals and families likely qualify for Medicaid Transition Premium Relief if they:

- 1) lose their eligibility for full coverage Medicaid;
- 2) qualify for financial assistance on beWellnm.com; and
- 3) expect to make less than the amount in the table below in 2023 based on their household size.

Family Size	You may qualify if you expect to make less than:
1	\$54,360
2	\$73,240
3	\$92,120
4	\$111,000
5	\$129,880
6	\$148,760
7	\$167,640
8	\$186,520

2. What does the program do?

New Mexico’s Medicaid Transition Premium Relief Program pays the first month’s health insurance premium for qualifying individuals and families on [beWellnm.com](https://www.beWellnm.com). The state’s payment made on behalf of the consumer will activate coverage. If you qualify, on your first invoice you will see that your first month’s premium has been covered.

3. What is beWellnm?

BeWellnm is New Mexico’s official Health Insurance Marketplace. It is the only place where consumers can qualify for both federal and state financial assistance. For most enrollees, beWellnm offers major discounts on monthly premiums as well as out-of-pocket costs when you use services. Financial assistance is usually available for people who don’t get coverage through an employer or a public program like Medicaid or Medicare. You may sometimes hear people call beWellnm “the Marketplace” or “the Exchange.”

4. How do I find out if I qualify for one month of coverage with no premium on beWellnm?

OSI recommends seeking assistance from a beWellnm Certified Assister who can walk you through the application. [Click here](#) to set up an appointment or call 833-862-3935.

If you would rather apply on your own through [beWellnm.com](https://www.beWellnm.com), you will likely qualify for Medicaid Transition Premium Relief if you recently lost Medicaid and are determined eligible for New Mexico Premium Assistance. You should be notified that you will be eligible for the benefit when you select a health plan. Note: the Medicaid Transition Premium Relief payment will reflect in your account 24 to 48 hours after enrolling. It will also appear on your first invoice. You can also use beWellnm’s [Shop and Compare](#) tool to see how much you may be able to save during a typical month.

5. I am about to lose my Medicaid coverage. When can I enroll in coverage on beWellnm?

You can sign up for a plan through beWellnm anytime during the two months before your Medicaid coverage ends. Your beWellnm plan can start right after your Medicaid coverage ends so that you don’t have a gap in coverage.

6. I just found out I lost my Medicaid coverage. Can I still enroll in coverage on beWellnm?

Yes! People who are moving from Medicaid to a beWellnm health plan can sign up at any time during 2023. You will have 60 days from the date you submit your application to complete your enrollment. To avoid expensive medical bills, you should sign up as soon as possible.

7. I went to the doctor/hospital and didn’t realize my Medicaid had expired. Will a beWellnm plan cover the cost of my doctor’s visit?

You may be able to get the visit covered if you enroll during the month that the expense occurred. When you fill out your application, you will need to select the plan “start date” for the current month (not the following month).

Example

Estrella moved and forgot to let the New Mexico Human Services Department know that her address changed, so she did not receive a notification that she no longer qualifies for Medicaid. She went to the emergency room on June 15th and found out that she no longer had Medicaid coverage as of May 31st. The next day she made an appointment with a beWellnm assister and applied for coverage to start on June 1st. Her June premium gets covered by the Medicaid Transition Relief Program and her emergency room visit from June 15th is also covered.

8. What steps can I take to make sure I don't have a gap in coverage after I become ineligible for Medicaid?

As soon as you know you will become ineligible for Medicaid, reach out to a beWellnm Certified Assister or start your application on [beWellnm.com](https://www.beWellnm.com). Once you have spoken with an assister or reviewed plans yourself, you can apply for coverage and enroll in a plan that starts right after your Medicaid coverage ends. If you want to window shop before you start your application, you can use beWellnm's [Shop and Compare](#) tool.

9. My spouse and I are currently enrolled in a beWellnm plan and my kids are enrolled in Medicaid. My kids are no longer eligible for Medicaid and we need to enroll them in a beWellnm plan soon. Will Medicaid Transition Premium Relief only apply to my children's coverage or will it apply to my full family premium?

As long as every member of your household is enrolled in the same plan, the Medicaid Transition Premium Relief will cover the premium for your whole family. If you enroll your kids in a different plan than the one you and your spouse are enrolled in, the relief will only apply to that plan.

Example

Joe and his wife Sara have had health care coverage on beWellnm for the last six months, while their two children have been on Medicaid. Sara recently received a raise at work, and now her children no longer qualify for Medicaid, so she enrolls her kids into her and Joe's beWellnm plan. During the first month that her kids are enrolled on beWellnm, the entire family's premium will be covered by the Medicaid Transition Premium Relief Program.

10. Does the program apply to dental plans, too?

The Medicaid Transition Premium Relief will only be applied to premiums for health insurance. It will not be applied to your dental premium. If you have a dental plan, be sure to pay your premium to start your health and dental coverage.

11. Will my coverage for the first month really be 'free'?

Yes, for most people who qualify, the program will pay your premium for the first month, after tax credits and subsidies applied. However, if you elect not to take all of your Advance Payments of the Premium Tax Credit (APTC) or your health plan includes benefits that are not considered essential health benefits, the Medicaid Transition Premium Relief may not cover the entire cost.

12. I qualified for the Medicaid Transition Relief Program, why do I still owe something for the first month?

Most people who qualify the program will have one month of free coverage. However, if you elected not to take all of your APTC or your health plan includes benefits that are not considered essential health benefits, the Medicaid Transition Premium Relief may not cover the entire cost.