

## **2025 Plan Year New Mexico Health Insurance Marketplace Affordability Program FAQ for Issuers**

Issued April 26, 2024

*This document will be continuously updated and posted on OSI's website.*

### **1. Which variant IDs does OSI expect issuers to use in the proposed supplemental Plans and Benefits Template (PBT) in place of the federal variant IDs (00-06)?**

The tables below show the SOPA variant IDs that should replace federal variants.

<b>SILVER PLANS</b>			
<b>Income Range</b>	<b>Current Federal Variant ID</b>	<b>Does SOPA apply to Silver?</b>	<b>New Turquoise Variant ID</b>
Under 150% FPL	- 06	Yes	- 99
150-200% FPL	- 05	Yes	- 95
200-250% FPL	- 04	No	N/A

<b>GOLD PLANS</b>			
<b>Income Range</b>	<b>Current Federal Variant ID</b>	<b>Does SOPA apply to Gold?</b>	<b>New Turquoise Variant ID</b>
Under 150% FPL	- 01	No	N/A
150-200% FPL	- 01	No	N/A
200-400% FPL	- 01	Yes	- 90
300-400% FPL	- 03	Yes	- 13

Issuers should not file any federal variants on the supplemental PBT. The federal variants should be filed in the federal PBT. Additional details are provided in the Policy Manual.

### **2. If these alternate variants are used, how will this data be accommodated for the required annual RBIS filing with CMS? As the RBIS submission requires issuer CEO or CFO to attest that the RBIS submission 'completely and accurately represents the required product/plan benefit and estimated pricing data based on current template parameters', how will issuers submit the new silver/gold plan variant data to CMS to ensure that issuer CFO or CEO can complete the attestation?**

The federal PBT must still be completed and be accompanied by an attestation of accuracy. CCIIO confirmed that issuers do not need to submit information about Turquoise Plans to RBIS. Issuers should submit an attestation of accuracy for the Turquoise variants to OSI with its Supplemental Turquoise Plan and Benefits Template.

**3. Will the 73% AV (-04) Federal Silver variant continue, or will it be fully replaced by the 90% AV gold variant and the -04 silver will not exist (even though it will be in the federal PBT)?**

The Silver CSR73 variant will still be available on BeWell and the cost-sharing design should be included in the federal PBT. However, the *state* out-of-pocket assistance will only apply to Gold plans in the 200-300% FPL income range.

**4. Will the OSI expect issuers to produce and file multiple versions of the Plan ID crosswalk?**

The Crosswalk should not differ based on the federal scenario and therefore OSI does not currently anticipate the need to file multiple versions of the Plan ID crosswalk.

**5. Will the OSI expect that issuers crosswalk members in -04 73% AV silver plans to the 90% AV Gold SOPA variant?**

If certain conditions are met, yes. Please see [OSI's 2025 Submission Guide](#).

**6. Will the OSI publish guidance regarding plan mapping rules for PY25?**

Plan mapping rules due to income changes can be found in the 2025 Health Insurance Marketplace Affordability Program Policy and Procedures Manual in Attachment C.

**7. Will the federal CSR plans be listed on finder.healthcare.gov after the plans are approved by the state and certified as accurate by the issuer? If so, is there a way to suppress them from the website since they will not actually be sold on the market?**

CMS has confirmed that finder.healthcare.gov only displays unsubsidized plans and therefore does not include information about CSR or Turquoise variants.

**8. The 90% State SOPA plan does not have a corresponding federal CSR plan. Is this plan solely funded by the state?**

Yes, the out-of-pocket assistance for Turquoise 3 is solely funded by the state.

**9. Is it expected that every Silver plan offered must have corresponding 99% and 95% SOPA plans, and every Gold plan offered must have a corresponding 90% SOPA plan?**

Every Silver plan offered must have corresponding 99% AV and 95% AV SOPA variants and every Gold plan offered must have a corresponding 90% AV SOPA variant.

**10. If it is expected that each issuer completes the federal Plans and Benefits template with federal CSR plans that will not be sold on the market, will OSI run analyses to determine whether these federal CSR plans are compliant with the non-discrimination rules, mental health parity, and the other federal data integrity tools listed on the QHP Certification**

**website? Additionally, will OSI have tools available for issuers to help check for non-discrimination, mental health parity, etc. on the SOPA plan templates?**

OSI will use the federal tools to ensure that the federal CSR plans are compliant with all federal laws. While the federal review tools will not work for SOPA variants, OSI will still use review tools for federal variants and base plans. SOPA variants will be reviewed for reasonableness and consistency with base plans and federal variants. Issuers have two options for SOPA variants: 1) To the greatest extent possible, issuers can replicate the general design features of their CSR variants when creating SOPA variants, meaning that there would not be significant deviations from the relative cost sharing structure of the standard version or federal variants of the plan. If OSI detects significant changes from the relative cost sharing structure, it could be flagged during the rate review period. 2) Issuers can choose to make the cost sharing design for all SOPA variants within a metal tier the same, provided that other differences do not cause any plans to go outside the acceptable AV range.

**11. How will the risk adjustment model be adapted for SOPA?**

OSI has requested a continuation of the following Risk Adjustment Induced Demand Factors (IDFs) for the 2025 Plan Year. The 90% AV Gold IDF includes the -13 variant.

<b>Variant</b>	<b>Risk Adjustment IDF</b>
99% AV Silver	1.12
95% AV Silver	1.12
90% AV Gold	1.07

**12. The HCAF proposal only includes information on Silver and Gold plans. Are issuers still permitted to offer Bronze and Platinum plans as well?**

Yes. Bronze and Platinum plans may still be offered. Please note that SOPA only applies to Silver plans for those under 200% FPL and Gold for those between 200-400% FPL.

**13. Does the +1/0 AV de minimis also apply to the Gold CSR plans being proposed?**

Yes.

**14. Since the proposal states that “SOPA will be applied to all plans in the applicable metal level”, does this mean the current CSR variant plans will no longer be offered?**

Yes. Current CSR variants, on which SOPA is built, will not be offered for purchase. Please note that OSI is not building on top of the 73% Silver variant and therefore this variant will continue to be available for purchase.

**15. Are issuers still required to submit the federal plans and benefits templates, including the standard CSR plans, even though these plans would no longer represent what is actually being offered with the proposed SOPA plans?**

Yes.

**16. Will issuers be required to develop and submit Silver 73 CSR plan designs?**

Yes.

**17. Will all of the SOPA plans be considered Turquoise plans, even though the proposal includes CSR plans tied to both Silver and Gold metal tiers? If so, how will consumers be able to differentiate between the CSR plans that are tied to Silver vs Gold plans?**

Yes. BeWell displays Silver plans as “Turquoise” for individuals whose household income is under 200% FPL and displays Gold plans as “Turquoise” for eligible individuals whose household income is over 200% FPL. The system automatically applies the correct variant based on the individual’s income and therefore the consumer will not need to take any additional steps to identify which plans qualify for SOPA. Those plans are simply marked as “Turquoise.”

**18. Please confirm that the state premium and cost-sharing subsidies apply only to plans sold on-exchange.**

Under the Health Insurance Marketplace Affordability Program, state-funded premium and out-of-pocket assistance only applies to plans sold on-exchange.

**19. Does OSI expect that issuers will define a single Turquoise variant for each SOPA actuarial value that will apply regardless of which base plan is selected? Or, is the expectation that distinct Turquoise variants will be defined for each base plan, similar to how silver CSR variants are defined in the federal PBT?**

No. A Turquoise variant is required for each base or standard plan, similar to how federal Silver CSR variants are required in the federal Plan and Benefits Template. Each Turquoise Variant must closely resemble the general features of its standard variant. For example, if the standard variant of a plan uses co-pays for specialist visits, its Turquoise Variants must also use co-pays for specialist visits. The exception to this rule is the requirement that primary care and generic medications must be co-pays for Turquoise Variants.

**20. Will SOPA plans be displayed alongside Federal CSR plans?**

The only plans with reduced cost sharing that will be displayed for individuals under 200% FPL are SOPA variants. These individuals will not see federal CSR variants if a SOPA variant is available. With the exception of -04 (73% AV) variants, no federal CSR variants will be displayed. Consumers in this income range (200-250% FPL), as well as those between 250%-400% FPL, will need to enroll in a Gold-level plan to access SOPA. All SOPA plans will be labeled as “Turquoise” on the BeWell platform.

Federal variants will not be displayed on bewellnm.com if a state variant exists. However, issuers do still need to submit the variants for federal validation using the federal Plan Benefits Template.

**21. Will the state need to pursue a 1332 waiver to require new AV levels under the intended Turquoise plans?**

No, the state will not need to pursue a 1332 waiver to require new AV levels because the SOPA is financed by state funds. In addition, OSI has confirmed with CMS that labeling SOPA plans as “Turquoise” will not require a 1332 Waiver. Turquoise is simply a label for SOPA plan variants when displayed to consumers and it will not change the metal tier of the underlying plan in any way.

**22. The review tools may not work with the supplemental plan and benefit template. What is the direction with the usage of the review tools?**

While the review tools will not work for SOPA variants, OSI will still use review tools for federal variants and base plans. SOPA variants will be reviewed for reasonableness and consistency with base plans and federal variants.

**23. How will IU factors relate to the non-Turquoise plans?**

All plans, including non-Turquoise plans will be subject to the induced utilization factors described in OSI’s Rate Guidance.

**24. Can issuers vary administrative load by plan to influence the price slope?**

No, this is not permitted. Please refer to OSI’s Rate Guidance.

**25. Will OSI issue AV screenshots for standardized health plans?**

[Click here](#) to download the final AV screenshots for standardized health plans. For non-standardized plans, issuers will need to develop their own plan designs and submit AV screenshots during the rate review process.

**26. Where can carriers find the final standardized plan design requirements for 2025?**

[Click here](#) for the final 2025 requirements.

**27. There are several benefits that are not defined for the Standardized plan designs. Does the issuer have the flexibility to define the cost share for these benefits that are not outlined between Appendix A: 2025 Standardized Health Plans and the AV Screenshots?**

OSI, with input from issuers and the BeWell Health Benefits Committee, issued instructions on how to populate these categories. [Click here](#) to find the guidance.

**28. On the 2025 standardized plan designs it lists “generics”. Please confirm that this tier/cost share would only apply to preferred generics.**

This can include all generics if an issuer wishes to do so. However, as noted in the standardized health plan section of [OSI’s Rate Guidance](#), “Issuers are permitted to include nonpreferred generic medications in the preferred brand name tier.”

**29. The standardized health plan guidance says issuers must provide only benefits enumerated in the plan designs. Does this mean any items an issuer includes in the value-add filing cannot be incorporated into these standard plan designs (examples: \$100 member incentive, fitness benefit (digital/physical gym locations), pharmacy discount card, etc.)?**

Any non-EHB benefits that will impact the member premium cannot be included in the standardized health plan. If there are OSI-approved member incentives or other offerings that will not impact the premium, they may be permitted with OSI approval.

**30. The standardized plan guidance states: “To ensure the average out-of-pocket amounts will be similar across issuers, the expected distribution of utilization of Specialty Preferred vs Nonpreferred tiers will only be allowed to vary within certain limits established by OSI in its rate Guidance for the 2025 Plan.” The current Rate Guidance and FAQ available does not establish limits, only stating: “Issuers offering two specialty prescription drug tiers must submit to the OSI the utilization assumptions for preferred and nonpreferred specialty medication, along with support for those assumptions.” Does the OSI plan to establish such limits for expected distribution of utilization of Specialty Preferred vs Nonpreferred tiers?**

If an issuer assumes more than 20% of specialty medication utilization will be in the nonpreferred tier, the company must submit substantial evidence to support the assumption.

**31. Will members under 200% FPL see the benchmark increase when shopping?**

The New Mexico Premium Assistance amount will reflect the increased assistance. OSI does not propose any additional plan selection features to indicate the increased level of assistance.

**32. Will the 10% benchmark increase impact the APTC?**

No. The policy only impacts the calculation for New Mexico Premium Assistance.

**33. Where can issuers find income criteria for the programs?**

The 2025 income parameters for financial assistance can be found in Table 1 and Table 2 of the Policy and Procedures Manual.

**34. Are the IDF's shown in Table 5 multiplicative to the standard RA IDF's of 1.08 for Gold and 1.03 for Silver (e.g., Silver Turquoise 1 99% AV would be  $1.03 * 1.12 = 1.154$ ), or are these meant to be used as is instead of the standard RA IDF's?**

The proposed IDF's shown in Table 5 are meant to replace the standard RA IDF's for Turquoise Plan variants. Please note that OSI's request is waiting final approval from CMS as of the publishing of this FAQ.

**35. Will OSI provide the standardized plan design, risk adjustment IDF, and SOPA variant multiplier for the new -13 Turquoise variant?**

Yes. The standardized plan designs will be released upon final approval from the BeWell Health Benefits Committee. OSI is awaiting final approval from CMS of the proposed risk adjustment IDF of 1.07 for the -13 Turquoise variant. The SOPA variant multiplier for the -13 Turquoise variant is .079, as it is a 90% AV Turquoise 3 plan.

**36. The PDF has CSR 73% Preferred Specialty Drugs at \$96, while the Excel has it at \$95 and CSR 87% has Non-Preferred Specialty at \$164 on the PDF and \$165 on the Excel. Please let us know which is the correct information.**

This was a rounding error that was issued incorrectly. The requirements will be updated to reflect the correct amounts. Please use \$95 and \$165, respectively.

**37. The guidance in the Health Insurance Marketplace Affordability Program Policy and Procedures manual states to input "Desired Metal Tier" as the applicable underlying metal level (silver or gold) for the Turquoise variants. As a change from last year and the guidance in the policy manual, the AVC screenshots for PY2025 now show the desired metal level at Platinum for the Turquoise variants instead of Silver for Turquoise 1 and 2 and Gold for Turquoise 3. Is this the intent and a change from PY2024?**

Issuers should select the Platinum tier in the AV Calculator for all Turquoise plans for the 2025 Plan Year. This update was made to ensure consistency with the instructions for using the AV Calculator.

**38. As stated in the "Standardized Health Plan Requirements for the 2025 Plan Year", State statute requires the actuarial value of non-standardized Silver health plans offered on BeWell to be no lower than the actuarial value of the standardized Silver health plan with the lowest actuarial value. The actuarial value of the standard Silver variant of the Standardized Health Plan for 2025 is 70.04%. Do all non-standard Silver variants/Turquoise variants/Gold plan need to be greater than the associated standard plan or does this only apply to the NM Standard Silver Base plan relative to the non-standard Silver Base plan(s)?**

Non-standardized Silver plans must have an AV of at least 70.04%. There is no state requirement related to the AV of non-standardized Gold plans and issuers are permitted to offer an AV within the federal de minimis range for Gold plans.

**39. In the 2025 Issuer Submission Guidance, it states “For standardized plan services that require a deductible, copays apply with the deductible.” Can you please elaborate on how this requirement will work in practice as we do not see this reflected in the AVC screenshots provided.**

This guidance has been updated to reflect the final Standardized Health Plan Requirements. For standardized plan services that include both a deductible and a co-pay, issuers should apply the co-pay with the deductible. This means that the “Subject to Deductible?” indicator should be selected and the “Copay applies only after deductible” indicator should not be selected.