

STATE OF NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE



INTERIM SUPERINTENDENT OF INSURANCE
Jennifer A. Catechis

BULLETIN 2023-004

FEBRUARY 27, 2023

TO: HEALTH INSURANCE ISSUERS SELLING INDIVIDUAL MARKET QUALIFIED HEALTH PLANS ON THE NEW MEXICO HEALTH INSURANCE EXCHANGE

RE: MINIMIZING COVERAGE DISRUPTIONS AFTER THE FEDERAL MEDICAID CONTINUOUS COVERAGE REQUIREMENT EXPIRES DURING THE 2023 PLAN YEAR

THIS BULLETIN is issued pursuant to NMSA 1978, Section 59A-23F-11, which established the Health Care Affordability Fund (HCAF) to “reduce health care premiums and cost sharing for New Mexico residents who purchase health care coverage on the New Mexico health insurance exchange” and 13.10.36.10 NMAC.

The Families First Coronavirus Response Act (FFCRA) requires states to maintain continuous coverage for Medicaid while enhanced Medicaid funding is available under the Act, originally tying the enhanced funding to the federal Coronavirus Public Health Emergency Declaration. The 2023 Consolidated Appropriations Act separated the Continuous Coverage Requirement from the federal Public Health Emergency declaration, requiring states to begin initiating standard renewal processes. The New Mexico Human Services Department announced that renewals will begin in April of 2023 with the first closures to be effective no sooner than May 1, 2023. Recipients will begin receiving their renewal paperwork in mid-March.

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In order to maintain continuity of health care coverage for consumers who will qualify for coverage through the New Mexico Health Insurance Exchange (NMHIX) after the Continuous Coverage Requirement expires, the Office of Superintendent of Insurance (OSI) adopted rules governing the Medicaid Transition Premium Relief Program. As required by those rules, this Bulletin establishes the Medicaid Transition Premium Relief Program for the 2023 Plan Year.

Medicaid Transition Premium Relief Program Parameters

Beginning on the day this Bulletin is issued, the Medicaid Transition Premium Relief Program will fully cover the net cost of the first month's premium for any Qualified Health Plan (QHP) sold on the individual Exchange for qualifying individuals and families as specified in the Eligibility Section who were enrolled in Medicaid before becoming eligible for Exchange coverage. This program is intended to minimize coverage disruptions for those who must transition from Medicaid to NMHIX and encourage enrollment in Exchange coverage. The premium relief offered by OSI will cover any consumer premium cost not already subsidized by federal or state premium assistance programs during the first month of coverage.

The program payment will effectuate coverage and guarantee the federally-mandated 90-day grace period in which coverage cannot be terminated due to non-payment of premium for individuals who are eligible for advanced payments of the premium tax credit (APTC). When qualifying individuals transition to Exchange coverage, OSI will begin making payments under the Health Insurance Marketplace Affordability Program to lower costs for qualifying individuals and families enrolled in a QHP offered on NMHIX.

Per NMHIX policy, qualifying individuals who were enrolled in Medicaid coverage will be offered an effective date of QHP coverage for the first date of the month of QHP application and plan selection. Individuals selecting this effective date will have coverage retroactive back to the first day of the month in which the qualifying individual selected enrollment in Exchange coverage. The individuals may also choose an effective date at the first of the following month (prospective coverage date).

Per NMHIX policy, qualifying individuals who were enrolled in Medicaid will have a 60-day special enrollment period, from the date of application for QHP coverage, to enroll in a QHP.

Program Eligibility for the 2023 Plan Year

Any [shopping group](#) within a household with a qualifying individual is eligible for the Medicaid Transition Premium Relief Program. A qualifying individual is a person who:


- (1) is a resident of the state of New Mexico who is eligible to purchase a QHP on the New Mexico Health Insurance Exchange;
- (2) has been determined ineligible for minimum essential coverage Medicaid (“full Medicaid”) by the New Mexico Human Services Department or expects to become ineligible for full Medicaid coverage within 60 days of submitting an application to the New Mexico Health Insurance Exchange;
- (3) is eligible for federal Premium Tax Credits; and
- (4) has an expected household income up to four hundred percent of the Federal Poverty Level during the 2023 Plan Year.

Program Payment Process

Payments for the Medicaid Transition Premium Relief will follow the process for premium assistance payments set forth in [Bulletin 2022-022](#).

Any questions can be directed to the HCAF Program Coordinator, Christina Robinson 505-629-3303, christina.robinson@osi.nm.gov or the Director of Coverage Affordability and Expansion, Colin Baillio 505-490-3178, colin.baillio@osi.nm.gov.

ISSUED this 27th day of February, 2023.



JENNIFER A. CATECHIS
Interim Superintendent of Insurance