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New Mexico Office of Superintendent of Insurance

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NEW MEXICO | OFFICE OF SUPERINTENDENT OF INSURANCE

2023 Plan Year
Health Insurance Marketplace Affordability Program
Policy and Procedures Manual

Reducing Consumer Costs in the Individual Health Insurance Market

FEDERAL SCENARIO 2

Applicable if American Rescue Plan Subsidies are Continued in 2023

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VERSION 3

Section I: OSI Marketplace Affordability Program

A. Overview

During the 2021 Legislative Session, the New Mexico State Legislature passed Senate Bill 317, which, among other things, directs the New Mexico Office of Superintendent of Insurance (OSI) to create programs that reduce health insurance costs on the state's Health Insurance Marketplace, beWellnm. Throughout 2021, OSI engaged stakeholders, hired actuarial and policy consultants to assist with program design, and proposed program parameters for the Marketplace Affordability Program. The law directs OSI to reduce both premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance on the Health Insurance Marketplace. The Marketplace Affordability Program only applies to plans sold on beWellnm's individual market platform and will not be available to consumers who enroll in coverage off-exchange. Additional materials can be found on OSI's Health Care Affordability Fund (HCAF) webpage.

The "2023 Plan Year Health Insurance Marketplace Affordability Program Policy and Procedures Manual (Federal Scenario 2)" document describes OSI's Marketplace Affordability Program, administrative policies and procedures, and rate filing requirements. The manual was was developed with written and verbal input from issuers participating in the Health Insurance Marketplace. OSI's FAQ with answers to specific questions submitted by issuers can be found here. The FAQ will be continuously updated as OSI responds to additional questions.

Please note that the Policy Manual describes the program that will be implemented if enhanced federal Premium Tax Credits available through the American Rescue Plan Act (ARPA) are continued after December 31, 2022. For program details under the federal scenario in which ARPA subsidies do not continue in 2023, please click here. Additional guidance will be posted on OSI's website, including policies and procedures related to State Out-of-Pocket Assistance (SOPA) reconcilation, plan mapping for renewals, mid-year household status changes, SOPA treatment in the federal risk adjustment program, federal responses to questions submitted by issuers, and other topics.

B. Federal Financial Assistance

Under the Affordable Care Act (ACA), the federal government provides two types of financial assistance to qualifying individuals and families to lower their premiums and out-of-pocket costs.

Advance Premium Tax Credit (APTC)

The Advance Premium Tax Credit (APTC) is a federal refundable tax credit that can be used to reduce monthly premium costs for qualifying households. The amount of APTC is calculated using the Essential Health Benefits (EHB) portion of the premium of the second lowest-cost Silver Plan that is available in the household's Rating Area.

APTCs can be used to purchase plans in any metal tier. APTCs cannot be used to purchase Catastrophic plans. If the full premium of a QHP is less than the consumers maximum APTC, the consumer only receives the portion of the maximum APTC that equals the EHB-share premium of the selected QHP.

Federal Silver Plan Variants for Cost Sharing Reductions

Federal Cost Sharing Reductions (CSRs) are a discount that reduces the amount qualifying individuals and families have to pay towards their out-of-pocket maximum, deductibles, copayments, and coinsurance. All issuers must submit federal Silver plan variants with higher Actuarial Values (AV) than the standard 70% AV Silver plan. These variants provide CSRs to individuals with household income up to 250% FPL who are eligible to purchase qualified health plans on the Marketplace. The AV levels are established by the ACA and vary by income cohort: 1) Qualifying individuals and families under 150% FPL are eligible for 94% AV Silver variants; 2) Qualifying individuals and families between 150-200% FPL are eligible for 87% AV Silver variants; and 3) Qualifying individuals and families between 200-250% FPL are eligible for 73% AV Silver variants. These Silver plan variants have lower annual out-of-pocket maximums, deductibles, and co-payments/coinsurance applied to EHBs provided by in-network providers, compared to the base Silver plan.

Federal Silver variants must cover the same benefits and include the same network as the corresponding base Silver plan, also referred to as the standard plan. The out-of-pocket costs for an EHB in any federal Silver plan variant may not exceed the out-of-pocket costs of the corresponding base Silver plan.

C. OSI's Marketplace Affordability Program

Health coverage affordability is a top priority for OSI. Beginning in Plan Year 2023, the State of New Mexico will finance enhanced premium and out-of-pocket assistance using funds appropriated by the Legislature from the HCAF. The Marketplace Affordability Program builds on top of the federal financial assistance available on beWellnm to offer lower cost coverage to individuals and families who qualify.

Eligibility

In order 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.

Program Parameters

Effective Date: November 1, 2022 for shopping and enrollment; January 1, 2023 for coverage

Program parameters will typically be established by Bulletin shortly after the state budget is signed by the Governor, which will set the level of funding for the program for the upcoming fiscal year. OSI will publish program parameters in the policy manual for the 2023 Plan Year to provide issuers with early notice prior to the first year of implementation.

New Mexico Premium Assistance

1) State-funded premium assistance can be used to purchase plans in any metal tier other than Catastrophic.
2) The premium assistance amount for the 2023 Plan Year will be calculated using the second lowest cost Silver plan.
3) State-funded premium assistance would build on top of the ARPA sliding scale up to 400% FPL.

Table 1: New Mexico Premium Assistance Scale

Federal Poverty Level	HCAF Sliding Scale (Premium as % of income)	ACA Sliding Scale (Premium as % of income)
Up to 150% FPL	0%	0%
150-200% FPL	0%	0-2%
200-250% FPL	0-2%	2-4%
250-300% FPL	2-5%	4-6%
300-400% FPL	5-8.5%	6-8.5%
400%+ FPL	Federal Assistance Only	Federal Assistance Only

4) State-funded premium assistance will be enhanced for members of federally-recognized tribes. Instead of what is described above, members of federally-recognized tribes under 300% FPL will not owe a premium for the lowest cost plan offered by each carrier, with the state covering what would otherwise be owed for the plan after accounting for federal APTCs and state premium assistance. Members of federally-recognized tribes between 300-400% FPL will have a premium sliding scale between 1-8.5% of household income for the second-lowest cost Silver plan.

Calculating Monthly New Mexico Premium Assistance Payments

For Plan Year 2023, OSI will use the second lowest cost Silver plan in the relevant Rating Area as a benchmark for calculating New Mexico Premium Assistance. The monthly New Mexico Premium Assistance payment amount is calculated using the following equation:

Gross Monthly Premium for Second Lowest Cost Silver Plan – Monthly Federal APTC – Applicable Percentage of Income Established by Superintendent *x* Expected Annual Household Income as Outlined in 45 C.F.R. § 155.305(f)(i) / 12.

The consumer's net premium cannot be lower than $0. If the combined federal and New Mexico Premium Assistance is greater than the gross premium of the plan selected by the consumer, the New Mexico Premium Assistance payment will be reduced by an amount to reach a $0 consumer payment.

Health Reimbursement Account (HRA) payments will reduce the New Mexico Premium Assistance amount commensurate with the HRA contribution amount after the APTC has been reduced to $0. For example, consider a consumer with a $100 gross premium who qualifies for a $50 APTC and $30 New Mexico Premium Assistance payment, leaving a $20 net premium. If this individual received a $60 HRA payment, the APTC will adjust to $0 since the $60 HRA payment exceeds the APTC amount. In this situation, the New Mexico Premium Assistance amount will be reduced by $10 to account for the remainder of the individual's HRA payment.

To minimize a cliff effect, Native Americans between 300-400% FPL who do not qualify for the Buy-down program described below will have a premium sliding scale between 1-8.5% of household income.

New Mexico Premium Assistance Applicability

New Mexico Premium Assistance can be used to purchase Bronze, Silver, Gold, and Platinum plans. Catastrophic plans will not qualify for state premium assistance. Consumers over 400% FPL will not qualify for New Mexico Premium Assistance.

State Premium Buy-down Program for Native Americans Under Federal Scenario 2

Under Federal Scenario 2, OSI will offer an additional premium assistance program for Native Americans. In addition to the state premium assistance program described above, Native Americans who qualify for the Zero Cost Sharing Variant will have access to a $0 option for each insurer in their Rating Area. That plan will be the lowest cost option offered by the carrier, with what would otherwise be the consumer portion of the premium covered by OSI. This will ensure that lower-income Native Americans have access to at least one Zero Cost Sharing plan with a $0 premium from every carrier.

Eligibility for Native American Premium Buy-down Program

To qualify for the Native American Premium Buy-down program, an enrollee must qualify for the federal Zero Cost Sharing Variant.

Calculating State Payments for Native American Premium Buy-down Program

The Native American Premium Buy-down payment amount is calculated by subtracting the consumer share of the premium of the lowest cost plan offered by a carrier after federal APTCs and state premium assistance is taken into consideration. Non-EHB benefits that are not eligible for federal APTCs should be included in the Gross Monthly Premium amount for the Premium Buy-down calculation so that the premium is guaranteed to be $0.

Gross Monthly Premium for Lowest Cost Plan Offered by Issuer – Monthly Federal APTC – New Mexico Premium Assistance Monthly Payment = State Payment for Premium Buy-down

Native American Premium Buy-down Applicability

Qualifying individuals may use the state payment to purchase the lowest cost option offered by the respective carrier.

State Out-of-Pocket Assistance (SOPA)

The law states that OSI must use the Health Care Affordability Fund to reduce "premiums and cost sharing" offered on beWellnm. To reduce "cost sharing" (also referred to as "out-of-pocket costs"), OSI will build upon the framework of the ACA's CSRs to enhance the AV of certain plans. Issuers will be required to submit variants that meet AV targets established by the Superintendent.

1) State-funded out-of-pocket assistance will only apply to Silver plans for eligible individuals up to 200% FPL.
2) State-funded out-of-pocket assistance will only apply to Gold plans for eligible individuals between 200.01-300% FPL.

Table 2: State Out-of-Pocket Assistance 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)

SOPA Applicability

Starting in Plan Year 2023, SOPA will be applied to all Silver plans for individuals up to 200% FPL and all Gold plans for individuals between 200.01% FPL and 300% FPL. This policy has been adopted for two key reasons:

1) Gold plans that give individuals more robust coverage are available at prices that are lower than Silver on average and, in many cases, Gold prices are significantly lower than Silver.
2) It would cost the State of New Mexico significantly more to subsidize Silver plans (70% AV or 73% AV) up to the levels proposed by OSI than using Gold plans (80%).

To align incentives and make the program cost effective, OSI has adopted this approach to reducing out-of-pocket costs for New Mexicans.

Issuers must submit variants with cost sharing that meets the AV requirements established by the Superintendent. Issuers may offer a unique cost sharing design for each of its plans in the applicable metal tier. Alternately, to simplify filing requirements and consumer choice, issuers

may choose to offer a single cost sharing design for several or all SOPA-eligible plans within each income range, provided that the variant meets the AV requirements for the specified income range. If there are any differences that would make the AV fall outside of the allowable deminimis range (see "*De Minimis Variation for Turquoise Variants*") such as different network tiers, then this option may not be available for all plans.

Turquoise Variant Actuarial Values

To simplify the choice landscape for consumers, the underlying metal tier for plans that offer robust out-of-pocket assistance will be replaced with a "Turquoise" label during the shopping experience. Turquoise variant names will correspond with specific AV requirements. The naming conventions will match the level of income-based out-of-pocket assistance offered to consumers, as shown in **Table 3**. The new "Turquoise" label will help consumers identify which plans qualify for the most robust out-of-pocket assistance.

Table 3: SOPA Plans Actuarial Values and Metal Levels

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3	Turquoise 4
FPL Range	Up to 150%	150-200%	200-250%	250-300%
Actuarial Value	99% AV	95% AV	90% AV	85% AV
SOPA Metal Level	Silver	Silver	Gold	Gold

The 73% federal Silver variant will still be availble for purchase to qualifying individuals but will not be marked as a Turquoise Plan.

Hierarchy for SOPA-Eligible Plan Variants

The -06 Silver variant and -05 Silver variant, which are currently available to individuals and families up to 150% FPL and between 150.01-200% FPL, respectively, will not be available for purchase on beWellnm's platform during Plan Year 2023. Silver -05 variants will be replaced by -95 Turquoise Variants and Silver -06 Variants will be replaced by -99 Turquoise Variants.

-01 Gold variants that would otherwise available to individuals and families between 200.01-300% FPL who select a Gold plan will not be available for purchase on beWellnm's platform during Plan Year 2023. Gold-01 variants will be replaced by the -90 Turquoise Variant for individuals and families between 200.01-250% FPL and -85 Turquoise Variant for individuals and families between 250.01-300%.

Individuals and families in the 200.01-300% FPL income range will continue to have access to the -04 Silver variant. However, SOPA will not be applied to the -04 Silver variant. **Table 4** demonstrates which federal variants will be replaced with state variants.

Table 4: Turquoise Variant Hierarchy

SILVER PLANS			
Income Range	**Current Federal Variant ID**	**Does SOPA apply to Silver?**	**New Turquoise Variant ID**
Under 150% FPL	- 06	Yes	- 99
150-200% FPL	- 05	Yes	- 95
200-250% FPL	- 04	No	N/A
250-300% FPL	- 01	No	N/A

GOLD PLANS			
Income Range	**Current Federal Variant ID**	**Does SOPA apply to Gold?**	**New Turquoise Variant ID**
Under 150% FPL	- 01	No	N/A
150-200% FPL	- 01	No	N/A
200-250% FPL	- 01	Yes	- 90
250-300% FPL	- 01	Yes	- 85

Maximum Annual Limitation on Cost Sharing for Turquoise Variants

For qualifiying individuals and families between 150.01% and 300% FPL, the maximum out-of-pocket limit for Turquoise Variants cannot exceed $3,000 ($6,000 for families) in Plan Year 2023, which is equal to the amount specified in the 2023 PAPI Parameters Guidance for individuals and families who qualify for 94% AV and 87% AV variants. For qualifying individuals and families up to 150% FPL, the maximum out-of-pocket limitation cannot exceed $1,500 for individuals ($3,000 for families) in Plan Year 2023, which is approximately a 5/6 reduction in the maximum annual limitation on cost sharing compared to the standard Silver variant.

De Minimis Variation for Turquoise Variants

OSI will defer to the National Benefit and Payment Parameters for guidance on de minimis variation for plans with SOPA applied. As such, the AV for Turquoise Variants may only vary +1/0 in Plan Year 2023 (pending finalization of the rule – HHS Notice of Benefit and Payment Parameters for 2023 Proposed Rule Fact Sheet | CMS).

Turquoise Variants and Mid-Year Income & Household Status Changes

Some individuals and families may experience changes in income or other household circumstances during the 2023 Plan Year that could place them in an income cohort that corresponds with a Turquoise Variant that has a different underlying metal level than that in which they original enrolled. For example, if an individual reports an income change that causes household income to shift from 195% FPL at the time of enrollment to 205% FPL later in the year, that individual would now qualify for Turquoise 3 Variants. Because SOPA can apply to

different metal levels based on income, the new underlying metal level of the Turquoise Variant in this example (Gold) would be different from the original variant of the plan (Silver).

While OSI initially hoped to to minimize consumer burdens by allowing issuers to continue offering the individual's original Turquoise Variant even if their income changed, beWellnm's system cannot process the agency's request. Instead, normal system processes will continue. However, OSI and beWellnm have requested flexibility from CCIIO to allow individuals whose income changes result in a change in CSR/SOPA variant the opportunity to switch to a plan in the metal tier to which SOPA applies.

When consumers switch from one plan offered by an issuer to another plan offered by the same issuer due to changes in household circumstances, issuers are required to carry over any out-of-pocket costs incurred by the consumer when they were enrolled in their original plan to their new plan. Additional guidance will be posted in the coming months.

D. Marketplace Affordability Program Administration

In order to minimize duplication of effort, OSI has attempted to align the administration of the Marketplace Affordability Programs with federally required procedures to the greatest extent possible.

New Mexico Premium Assistance Monthly Payments

beWellnm will aggregate New Mexico Premium Assistance payment amounts for each issuer on a monthly basis and report the amounts to OSI. OSI will issue New Mexico Premium Assistance payments on a monthly basis. Consumers will not need to reconcile New Mexico Premium Assistance payments at the end of the year as they do for APTCs. All invoices sent to consumers should clearly show the federal APTC and the amount of the New Mexico Premium Assistance payment received by the issuer to reduce their premium.

There may be occasional instances where the New Mexico Premium Assistance amount will need to be adjusted due to delayed consumer reporting or delayed beWellnm staff processing. According to beWellnm, issuers reconcile federal APTCs with CMS monthly and will require the same for New Mexico Premium Assistance. In such cases, monthly reconciliation of New Mexico state premium assistance payments will operate using the same basic method that is used for federal APTCs. beWellnm oversees this process and should be consulted should any questions arise.

Monthly SOPA Payments

SOPA payments will be paid directly to the issuer by OSI in the form of monthly advanced payments, subject to an end-of-year reconciliation, as defined by Superintendent. Advanced payments are calculated by multiplying the total member-level premium by the cost sharing variation multiplier applicable to the subscriber group's eligibility type, as defined by the Superintendent (See Table 5).

Table 5: 2023 SOPA Variant Multiplier

Income Tier	Turquoise Variant	SOPA Metal Tier	SOPA AV	SOPA Variant Multiplier
Up to 150% FPL	Turquoise 1	Silver	99%	.042
150-200% FPL	Turquoise 2	Silver	95%	.066
200-250% FPL	Turquoise 3	Gold	90%	.079
250-300% FPL	Turquoise 4	Gold	85%	.04

SOPA Reporting Requirements and Reconciliation

Issuers must reconcile advance SOPA payments annually. OSI will determine allowable reconciliation methodologies and a timetable for reporting in separate guidance. These methodologies will be based on CCIIO's "Manual for Reconciliation of the Cost Sharing Reduction Component of Advance Payments for Benefit Year 2016."

At a time specified by the Superintendent following the applicable Plan Year, all issuers must report claims data to OSI using Attachment B to support SOPA reconciliation. This includes Issuer-Level Reporting and Plan-Level Reporting. Issuers using the standard methodology will also be required to maintain Policy-Level Reporting and furnish such reports to OSI upon request using Attachment C. If OSI allows simplified methodologies, Attachment C will not be required but significant additional documentation demonstrating examples and accurate application of alternate methodologies will be required. This information will allow OSI to reconcile the difference between the amount of advance payments received by the issuer and the claims liability incurred by the issuer due to the difference in cost sharing between the SOPA plan and the corresponding federal Silver CSR plan variant or Gold standard plan variant.

PLEASE NOTE: For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For -90 and -85 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -01 Gold variant.

Section II: Rate Filing Requirements

A. Supplemental SOPA Variant Plans and Benefits Template

For SOPA-eligible Turquoise Variants, issuers are required to enter the cost sharing design for each plan in OSI's Supplemental SOPA Variant Plans and Benefits Template in the "Supporting Documentation" tab of the binder. Issuers should fill out this template the same way they would fill out the federal Plans and Benefits Template. The state version will not automatically calculate the plan AV. Issuers should enter the AV output from the AV calculator. In situations where the plan designs are incompatible with the AV calculator, issuers should use an appropriate alternative method pursuant to 45 CFR 156.135(b)(2) or 45 CFR 156.135(b)(3).

In the HIOS Plan ID, please add the corresponding variants after the standard component, as shown below:

- Turquoise Plan 1: 00001NM1234567-**99**
- Turquoise Plan 2: 00001NM1234567-**95**
- Turquoise Plan 3: 00001NM9876543-**90**
- Turquoise Plan 4: 00001NM9876543-**85**

Click here to view a sample of a Supplemental SOPA Variant Plans and Benefits Template with certain elements filled out. This link will download an Excel file.

B. Actuarial Value Calculator Requirements

For each SOPA-eligible variant, issuers must submit a supplemental AV calculator output demonstrating that the cost sharing design meets the OSI's AV targets. Issuers should use the 2023 federal AV calculator to produce the output sheets. As is the case in the 2023 NBPP, the AV for Turquoise Variants cannot be lower than what is prescribed and may only be 1 point higher than in the prescribed variant during Plan Year 2023. The calculator output screenshot will come back with an error message. It is up to the issuer to ensure that the AV output is within the de minimis range. If it is entered incorrectly, OSI will flag the issue during rate review and require the issuer to modify the sheet.

Step 1: In "Name" insert "Turquoise Variant #" and enter the corresponding number of the income tier before entering the full plan name.

Step 2: In "Desired Metal Tier," select the applicable underlying plan metal level.

Step 3: Enter plan cost sharing information.

Step 4: Click "Calculate" to generate an output.

Step 5: Verify that the AV output is within the de minimis range.

Step 6: Name the output tab the [HIOSPlanID_Turquoise Plan Number]. The "Turquoise Plan Number" should be the number of the corresponding income tier. The plan number for income tier under 150% FPL is "1". The plan number for income tier between 150.01-200% FPL is "2". The plan number for income tier between 200.01-250% FPL is "3". The plan number for income tier between 250.01-300% FPL is "4".

Sample AV calculator outputs can be found in Attachment D.

C. Federal Filing Requirements

Issuers still need to submit the ACA's variants for federal validation using the federal Plan Benefits Template (PBT). The federal PBT must be completed and be accompanied by an attestation of accuracy. OSI has requested input from CMS about whether there will be any requirement to submit any attestation to the federal government for the state variants as part of the RBIS process. OSI will inform issuers when we have received a response. Issuers should submit an attestation of accuracy for the Turquoise Variants to OSI with its Supplemental SOPA Variant Plans and Benefits Template.

Attachments

Attachment A: Supplemental SOPA Variant Plans and Benefits Template

Click here to download the template.

Attachment B: Issuer and Plan-Level SOPA Reconciliation Reporting Template

Click here to download the template. See instructions below.

Issuer-Level Reporting Tab

FIELD	DESCRIPTION
Record-Code	Always 01
HIOS ID	Five-digit Health Insurance Oversight System (HIOS) generated Issuer ID
Issuer Extract Date	Date information was extracted by the issuer (MMDDYYYY)
Benefit Year	2023
Total SOPA Payment Amount Provided to Enrollees by Issuer	Total State Out-of-Pocket Assistance payment amount provided by this QHP issuer to enrollees in all SOPA eligible policies
Total SOPA Amount Advanced to the Issuer by OSI	Amount the issuer shows received from the OSI for the benefit year January 1 to December 31. Issuers should include retroactive adjustments to advance payments for the applicable benefit year that were made after the close of the benefit year.
Total Number of Subscriber IDs in all SOPA Variant Plans Under this HIOS ID	Count of all subscriber IDs associated with a Policy Level record.

Plan-Level Reporting Tab

FIELD	DESCRIPTION
Record-Code	Always 02
QHP ID	Enter the 16-digit HIOS-generated qualified health plan identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID.
Turquoise Plan Number	Enter the Turquoise Plan Number (1, 2, 3, 4).
Total Annual Premium	Aggregate billed premium for the Turquoise Variant plan type for the applicable benefit year.
Total Allowed Costs For EHB	Aggregate total allowed costs for essential health benefits for all enrollees in this plan. Issuers including issuers of capitated plans may use plan-specific percentage estimates of non-EHB claims submitted on the Uniform Rate Review Template or any other reasonable method to determine total allowed costs for EHB.
Total Actual Amount the Issuer Paid For EHB	The amount the issuer paid providers for EHB for all services to enrollees in this plan. This includes cost-sharing reduction reimbursement amounts to fee-for-service providers to the extent the issuer reimbursed fee-for-service providers. Issuers that provide for essential health benefits on a partially or fully capitated basis should enter all amounts paid by the issuer for those services. This value does not include enrollee liability.
Total Actual Amount Paid for EHB by Enrollees	Total amount all enrollees in this plan paid (or are liable for) in cost sharing for all EHB services.
Amount the Enrollee(s) Would Have Paid Under the Relevant Federal Variant	The amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the relevant Federal AV plan variant. For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For -90 and -85 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the -01 Gold variant.
Total Value of SOPA Provided	The total amount the enrollees would have paid under the Federal AV plan variation, minus the amount the enrollees did pay under the SOPA plan variation.
Total Number of Exchange Subscriber IDs in this Turquoise Variant for the Benefit Year	Total count of unique Exchange subscriber IDs in this Turquoise Variant at any point during the benefit year during the time that the subscriber was enrolled in the Turquoise Variant.

Attachment C: Scenario 1 Policy-Level SOPA Reconciliation Reporting Template

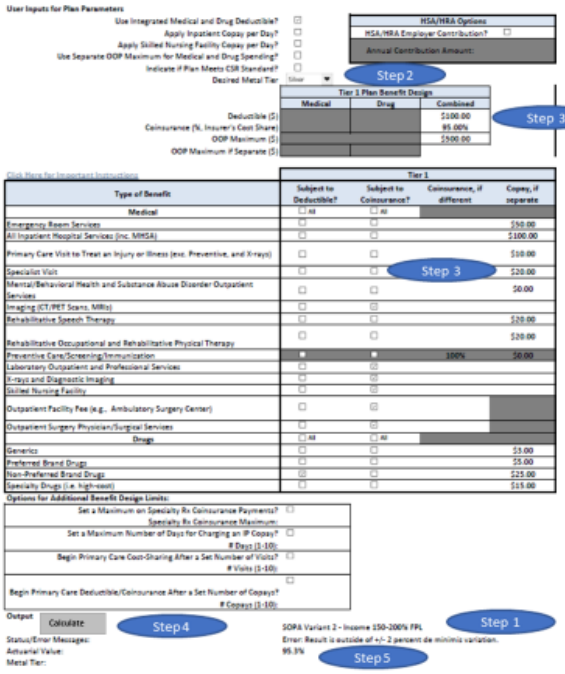
Click here to download the template. See instructions below.

Policy-Level Reporting Tab

FIELD	DESCRIPTION
Record-Code	Always 03
Exchange Assigned Subscriber ID	The subscriber identification number assigned by the Exchange.
QHP ID	Enter the 16-digit HIOS-generated qualified health plan identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID.
Plan Benefit Start Date	First date the subscriber was enrolled in this plan type for the claims period reported on this line.
Plan Benefit End Date	Last date the subscriber was enrolled in this plan type for the claims period reported on this line.
Actuarial Value of the Federal AV Level Plan	This is the actuarial value of the Federal AV plan variant associated with this plan variation.
Total Allowed Costs For EHB	Total allowed costs for essential health benefits incurred by the enrollee(s) on this policy. Issuers including issuers of capitated plans may use plan-specific percentage estimates of non-EHB claims submitted on the Uniform Rate Review Template or any other reasonable method to determine total allowed costs for EHB.
Actual Amount the Issuer Paid for EHB	This is the total dollar amount the issuer paid to providers for all EHB services to enrollees on this policy. This includes cost sharing reduction reimbursement amounts to fee for-service providers to the extent the issuer reimbursed fee-for-service providers. Issuers that provide for essential health benefits on a partially or fully capitated basis should enter all amounts paid by the issuer for those services. This value does not include enrollee liability.
Actual Amount the Enrollee(s) Paid for EHB	The amount all enrollees on this policy paid (or are liable for) in cost sharing for all EHB services.
Amount the Enrollee(s) Would Have Paid Under the Relevant Federal Variant	The amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in the relevant Federal AV plan variant. For -99 and -95 Turquoise Variants, issuers should submit the amount the enrollee(s) would have paid for the same EHB claims had they been enrolled in -06 and -05 Silver variants, respectively. For -90 and -85 Turquoise Variants, issuers should submit the amount the enrollee(s)

	would have paid for the same EHB claims had they been enrolled in the -01 Gold variant.
SOPA Provided	The State CSR amount is the amount enrollees would have paid under Federal AV plan variant, minus the amount the enrollees did pay under the applicable Turquoise Variant Type (and reimbursed to fee-for-service providers, if applicable).
Turquoise Plan Number	Enter the Turquoise Plan Number (1, 2, 3, 4).

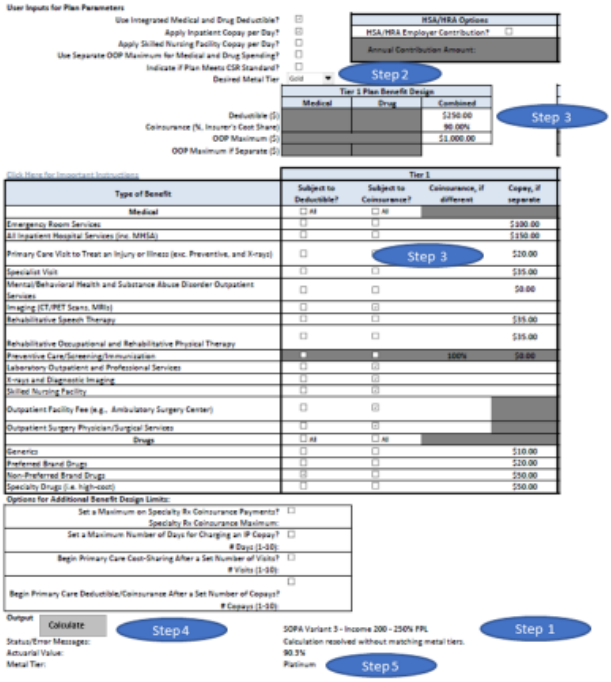
Attachment D: Sample AV Calculator with Turquoise Variants



Example 1: SOPA Variant 2 – AV 95%, Income 150-200% FPL

- **Step 1:** In "Name" insert "SOPA Variant #" and enter the corresponding number of the income tier before entering the full plan name.
- **Step 2:** In "Desired Metal Tier," select the applicable underlying plan metal level.
- **Step 3:** Enter plan cost sharing information.
- **Step 4:** Click "Calculate" to generate an output. You will see an error message indicating that the desired metal tier and the plan calculated AV do not match and if you want to change the desired metal tier. **Respond No.**
- **Step 5:** Manually verify that the AV output is within the de minimis range.
- **Step 6:** Name the output tab the [HIOSPlanID_SOPA Plan Type]. The "Turquoise Plan Type" should be the number of the corresponding income tier. For example, the plan number for the Under 150% FPL income tier is 1. The plan number for the 150-200% FPL income tier is 2.

Step 6: Being verified



Example 2: SOPA Variant 3 – AV 90%, Income 200-250% FPL

- **Step 1:** In "Name" insert "SOPA Variant #" and enter the corresponding number of the income tier before entering the full plan name.
- **Step 2:** In "Desired Metal Tier," select the applicable underlying plan metal level.
- **Step 3:** Enter plan cost sharing information.
- **Step 4:** Click "Calculate" to generate an output. You will see an error message indicating that the desired metal tier and the plan calculated AV do not match and if you want to change the desired metal tier. **Respond No.**
- **Step 5:** Manually verify that the AV output is within the de minimis range.
- **Step 6:** Name the output tab the [HIOSPlanID_SOPA Plan Type]. The "Turquoise Plan Type" should be the number of the corresponding income tier. For example, the plan number for the Under 150% FPL income tier is 1. The plan number for the 150-200% FPL income tier is 2.

Step 6: Being verified