



HEALTH CARE  
A U T H O R I T Y



SMALL BUSINESS PREMIUM RELIEF INITIATIVE  
ANNUAL RECONCILIATION TRAINING – PROGRAM YEAR 2024

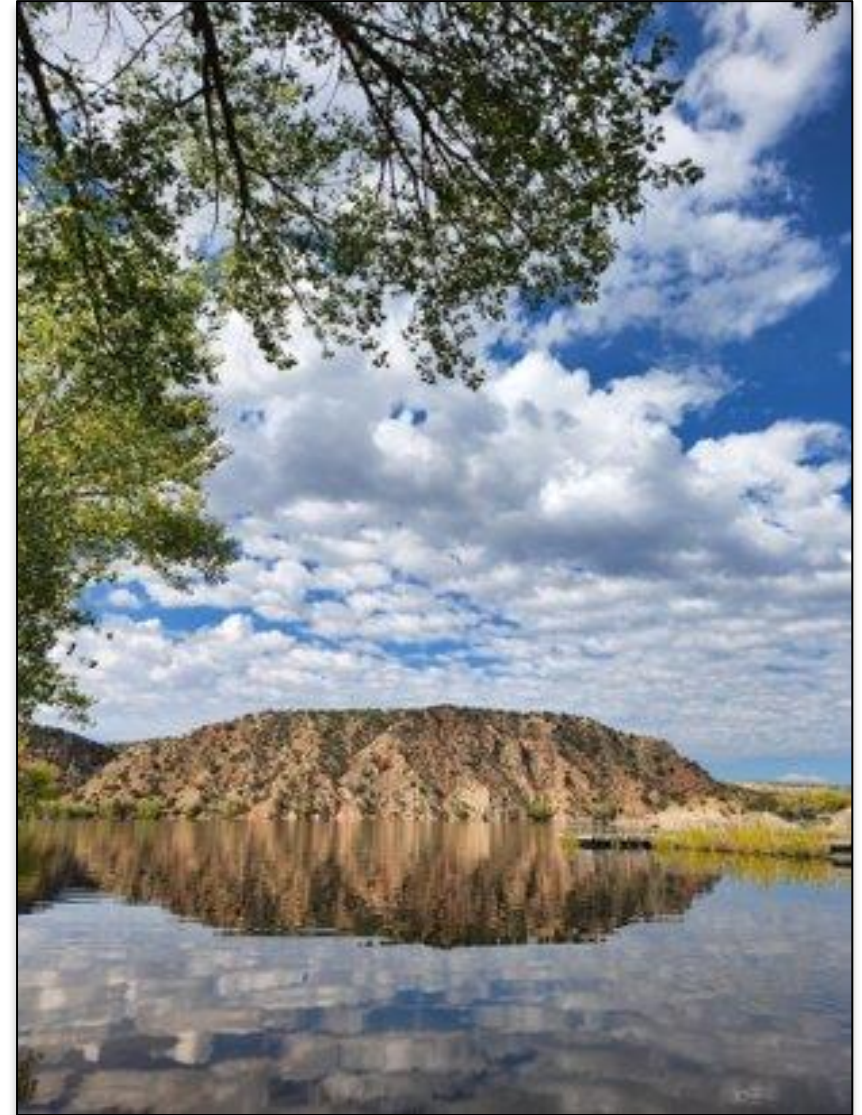
FEBRUARY 2025

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.*  
Photo taken by HCA employee Jessica Gomez







HEALTH CARE  
AUTHORITY

# MISSION

*We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.*

# VISION

*Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.*

# GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# DISCLAIMERS:

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The intent of the information provided is to be a general summary and does not take the place of written guidelines, laws, or regulations.

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# AGENDA

- Introductions
- Reconciliation Deadlines
- Reconciliation Reporting Process and Requirements
- Required Fields for Annual Reporting
- Categorization of Rate Cell Level Inputs
- Member-Level Reporting Calculation Example
- Completed Report Example
- Updated Monthly Reports – Retroactive Adjustments
- HCA Notice of Reconciliation Amounts, Disputes, and Payments
- Questions



# INTRODUCTIONS

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# RECONCILIATION DEADLINES

Reconciliation Activity	Deadline
Submission of Annual Data	March 21, 2025*
HCA Notice of Reconciliation Amounts	May 5, 2025
<b><i>Submission of Reconciliation Disputes</i></b>	<b><i>No Later Than May 12, 2025</i></b>
Reconciliation Payments Due	June 30, 2025

\*Note: This date has been adjusted since Bulletin 2024-011.



# RECONCILIATION REPORTING PROCESS AND REQUIREMENTS

- These processes and requirements are per the Office of Superintendent of Insurance (OSI) issued [Bulletin 2024-011](#) which established requirements for an annual reconciliation process for the Small Business Health Insurance Premium Relief Initiative (“the Initiative”).
  - The Initiative is now overseen by the Health Care Authority (HCA).
- Issuers must submit the following documents to HCA by **March 21, 2025**, using the System for Electronic Rate and Form Filing (SERFF):
  - **Annual Reporting Template:** A completed version can be found on the Health Care Coverage Innovations “Initiatives” [webpage](#).
  - **Attestation** to the accuracy of the submission, signed by a representative who has reviewed the data and a senior executive.





# REQUIRED FIELDS FOR ANNUAL REPORTING

## Factors that must be included in the report are:

- Group's Renewal Quarter
- HIOS Plan ID
- Group Rating Area
- Member Age at Last Renewal\*
- Count of Billable Member Months
- Sum of Total Plan Premium
- Sum of Discount/Credit

Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal*	Count of Billable Member Months	Sum of Total Plan Premium	Sum of Discount/Credit
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\*This factor should be reported at the individual level, not the subscriber level.



# CATEGORIZATION OF RATE CELL LEVEL INPUTS

- Individual members who share some common factors ***MUST*** be grouped by category for a reconciliation Category Total.
- **Members must be matched and aggregated by the following criteria:**
  - Group Renewal Quarter
  - HIOS Plan ID
  - Group Rating Area
  - Member Age at Last Renewal



# MEMBER-LEVEL REPORTING CALCULATION EXAMPLE

These 6 members have the following factors in common:

1. Group Renewal Quarter: 1
2. HIOS Plan ID: 12345NM0000001
3. Group Rating Area: 1
4. Member Age at Last Renewal: 21

Member Number	Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Age Rated Premium
1	1	12345NM0000001	1	21	\$200
2	1	12345NM0000001	1	21	\$200
3	1	12345NM0000001	1	21	\$200
4	1	12345NM0000001	1	21	\$200
5	1	12345NM0000001	1	21	\$200
6	1	12345NM0000001	1	21	\$200
Category Total:	1	12345NM0000001	1	21	\$200

Sum of Total Plan Premium	Sum of Discount/Credit	Count of Billable Member Months
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$7,200	\$720.00	36



# MEMBER-LEVEL REPORTING CALCULATION EXAMPLE (CONT.)

Once members are categorized by their common factors, calculate their input for a Category Total in the following columns:

1. Sum of Total Plan Premium
2. Sum of Discount/Credit
3. Count of Billable Member Months

Member Number	Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Age Rated Premium
1	1	12345NM0000001	1	21	\$200
2	1	12345NM0000001	1	21	\$200
3	1	12345NM0000001	1	21	\$200
4	1	12345NM0000001	1	21	\$200
5	1	12345NM0000001	1	21	\$200
6	1	12345NM0000001	1	21	\$200
Category Total:	1	12345NM0000001	1	21	\$200

Sum of Total Plan Premium	Sum of Discount/Credit	Count of Billable Member Months
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$1,200	\$120.00	6
\$7,200	\$720.00	36

Note: Issuers should not report this data to HCA. This is for demonstration purposes only.



# COMPLETED REPORT EXAMPLE

- Only transfer the Category Total Information to the completed report.

Member Number	Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Age Rated Premium	Sum of Total Plan Premium	Sum of Discount/Credit	Count of Billable Member Months
1	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
2	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
3	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
4	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
5	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
6	1	12345NM0000001	1	21	\$200	\$1,200	\$120.00	6
Category Total:	1	12345NM0000001	1	21	\$200	\$7,200	\$720.00	36

## Completed Report Example

Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Count of Billable Member Months	Sum of Total Plan Premium	Sum of Discount/Credit
1	12345NM0000001	1	21	36	\$7,200.00	\$720.00





# COMPLETED REPORT EXAMPLE (CONT.)

- Example Factors: 2 Quarters, 3 Plans, 1 Rating Area, 3 Ages
- Results: 18 categories are reported after members with shared factors are aggregated by their shared factors

	A	B	C	D	E	F	G
	Group's Renewal Quarter	HIOS Plan ID	Group Rating Area	Member Age at Last Renewal	Count of Billable Member Months	Sum of Total Plan Premium	Sum of Discount/Credit
1							
2	1	12345NM0000001	1	21	36	\$7,200.00	\$720.00
3	1	12345NM0000001	1	40	42	\$10,735.20	\$1,073.52
4	1	12345NM0000001	1	55	42	\$18,732.00	\$1,873.20
5	1	12345NM0000002	1	21	24	\$3,600.00	\$360.00
6	1	12345NM0000002	1	40	18	\$3,450.60	\$345.06
7	1	12345NM0000002	1	55	12	\$4,014.00	\$401.40
8	1	12345NM0000003	1	21	30	\$9,000.00	\$900.00
9	1	12345NM0000003	1	40	90	\$34,506.00	\$3,450.60
10	1	12345NM0000003	1	55	66	\$44,154.00	\$4,415.40
11	2	12345NM0000001	1	21	15	\$3,075.00	\$307.50
12	2	12345NM0000001	1	40	30	\$7,859.70	\$785.97
13	2	12345NM0000001	1	55	21	\$9,600.15	\$960.02
14	2	12345NM0000002	1	21	12	\$1,860.00	\$186.00
15	2	12345NM0000002	1	40	9	\$1,782.81	\$178.28
16	2	12345NM0000002	1	55	6	\$2,073.90	\$207.39
17	2	12345NM0000003	1	21	12	\$3,660.00	\$366.00
18	2	12345NM0000003	1	40	6	\$2,338.74	\$233.87
19	2	12345NM0000003	1	55	9	\$6,121.35	\$612.14

Completed Report Example



# UPDATED MONTHLY REPORTS - RETROACTIVE ADJUSTMENTS

- Issuers must **resubmit monthly reports** with retroactive adjustments in the relevant tabs of the “Annual Reporting” template. **Only report members who were active for the month.** *Do not include Member Months that have been removed.*
- The updated totals should be reported in the tab titled, “Template.Annual Totals.”

	A	B	C	D	E	F	G	H	I	J
	<b>Billing Month</b>	<b>Invoiced Amount</b>	<b>Actual Amount</b>	<b>Invoiced Amount Minus Actual Amount</b>						
3										
4	Jan-24									
5	Feb-24									
6	Mar-24									
7	Apr-24									
8	May-24									
9	Jun-24									
10	Jul-24									
11	Aug-24									
12	Sep-24									
13	Oct-24									
14	Nov-24									
15	Dec-24									
16	<b>Total</b>	\$0.00	\$0.00	\$0.00						
17										
18	<b>Table 2</b>						<b>Table 3</b>			
19	[INSERT ISSUER NAME]						[INSERT ISSUER NAME]			
20	<b>Billing Month</b>	<b>Additional 10% Invoiced Amount</b>	<b>Actual Amount</b>	<b>Invoiced Amount Minus Actual Amount</b>			<b>Premium Subsidy Reconciliation Total Amount</b>			
21							Table 1 Amount:			
22	Jan-24						Table 2 Amount:			
23	Feb-24						<b>Reconciled Total:</b>			
24	Mar-24									\$0.00
25	Apr-24									
26	May-24									
27	Jun-24									
28	<b>Total</b>	\$0.00	\$0.00	\$0.00						
29										
30	1. Only add the additional 10% paid in Column B of Table 2. This amount should match the original amount in the corresponding month above in Table 1.									
31	2. Enter the actual amount as is entered in Table 1.									
32	3. Do not calculate either Table 1 or 2 at a 20% Premium Subsidy.									
33	4. Enter the Total from Column D in Table 1 and Table 2 into Table 3 to calculate the total annual reconciled amount.									
34										
35										
36										
37										
38										
39										
40										



# HCA NOTICE OF RECONCILIATION AMOUNTS, DISPUTES, AND PAYMENTS

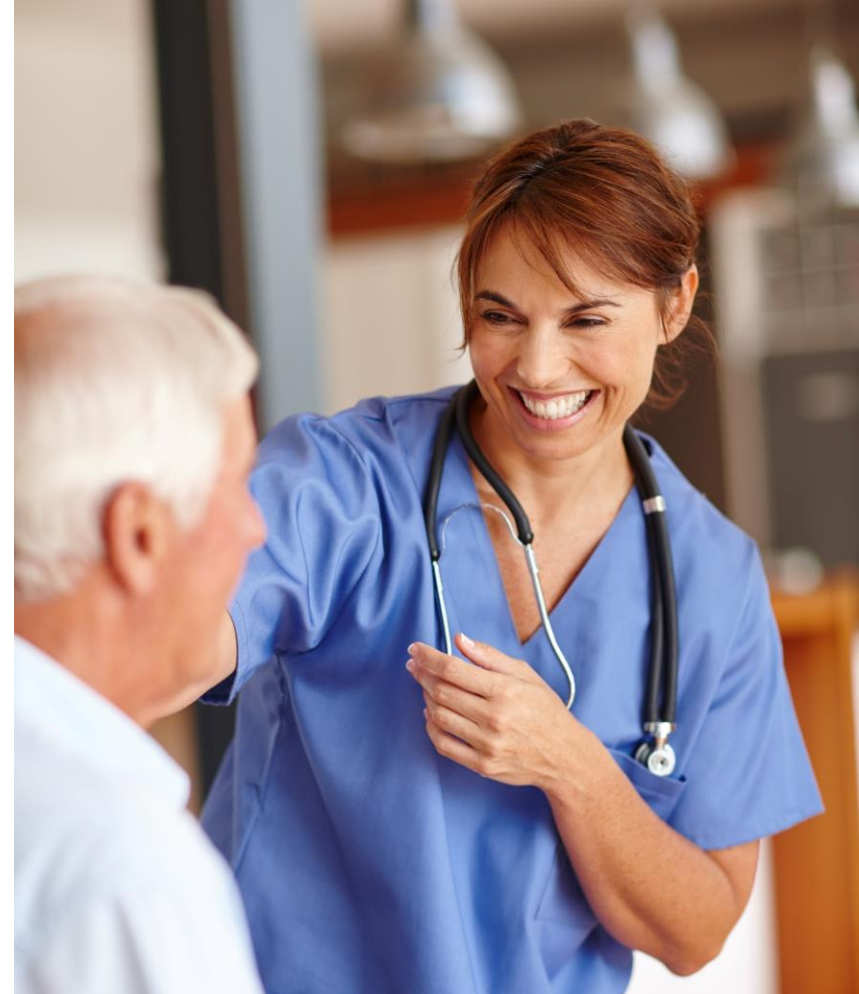
- HCA Notice of Reconciliation
  - Issued no later than **May 5, 2025**.
  - The notice will be provided through the SERFF platform. **Please note that issuers are still required to submit an invoice for payment with their June 2025 Monthly invoice. The notice is not sufficient to receive payment.**
- Reconciliation Disputes Submissions
  - Must be submitted by **May 12, 2025**.
  - Issuers must submit all reconciliation disputes per the instructions in the Program Year 2024 SBHIPRI Guidance.
- Reconciliation Payments
  - Payments should be included in the invoice submitted on **June 5, 2025**.
  - Payments must be paid no later than **June 30, 2025**.



QUESTIONS?



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THANK YOU!

*INVESTING FOR TOMORROW, DELIVERING TODAY.*