2024 Plan Year New Mexico Health Insurance Marketplace Affordability Program FAQ for Issuers

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Please note: 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.

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+% 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
200-300% FPL	- 01	Yes	- 90

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 beWellnm 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 that issuers 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?

OSI will publish additional guidance on crosswalks after the 2024 NBPP is finalized and the agency has had an opportunity to gather feedback from issuers and beWellnm.

6. Will the OSI publish guidance regarding plan mapping rules for PY24?
Plan mapping rules due to income changes can be found in the 2024 Policy Manual in Attachment C. Additional guidance about plan mapping for renewals will be posted with the finalization of NBPP.

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 will be 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?

Below are the CCIIO-approved 2024 Plan Year Risk Adjustment Induced Demand Factors.

Variant	Risk adjustment IUF
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 200-300% 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 that the SOPA is built on top of 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 plans 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. beWellnm 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 Marketplace Affordability Program, state-funded premium and out-of-pocket assistance will only apply 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 will be required for each base or standard plan, similar to how federal Silver CSR variants are required in the federal Plan and Benefits Template. In Plan Year 2024, 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. They 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%-300% FPL, will need to enroll in a Gold-level plan to access SOPA. All SOPA plans will be labeled as Turquoise on the beWellnm 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 CCIIO that 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 underlaying 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. Could OSI clarify whether individuals and families between 300.01 – 400% FPL will be eligible for purchasing -01 Gold variants?

This was a drafting error in the draft version of the Policy Manual. Turquoise plans will only be available up to 300% FPL. Individuals between 300.01-400% FPL will only have access to non-SOPA variants.

26. As we prepare to finalize our plan designs for the upcoming enrollment period, we want to ensure that our plans are in compliance with CMS regulations and are accurately priced based on their actuarial value. We believe that the CMS AV calculator screenshots will be a valuable tool in this process. In addition to the link to standardized Turquoise 1-3 screenshots already provided, Issuers would benefit from having links to screenshots that illustrate the calculation of the actuarial value for the standardized gold, silver, and silver CSR plan designs. If possible, the screenshots should reflect any recent updates or changes in the OSI guidance based on the final draft of the CMS's 2024 AV Calculator.

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.

27. Guidance in Health Insurance Marketplace Affordability Program Policy and Procedures Manual states to input "Desired Metal Tier" as the applicable underlying plan metal level (silver or gold) Example showing Silver. Another example shows Platinum. Which metal tier should issuers use for AV calculator screenshots?

The screenshots we provided were produced by our actuarial consultants and do not reflect OSI's guidance. Please use the correct underlying metal tier in your rate filing as shown in the Policy Manual. Please note that this will produce an error message, which OSI will disregard during the review, provided that the correct AV target is met.

28. What is the correct version of the standardized plan design requirements?

Click here for the board-approved requirements.

29. 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 the Appendix A: 2024 Standardized Health Plans and the AV Screenshots?

Benefits not specified in the requirements should align with the broad category in which they fit in the AV calculator unless otherwise required by state or federal law. For example, if a specific service falls under outpatient services, it should use the cost-sharing amount for outpatient services. Please note that issuers are not permitted to add non-EHB benefits to standardized plans if they will impact the premium.

30. We encourage New Mexico to release the plan designs for the Silver CSR Plans to assist issuers with being able to ensure we are meeting state statute requirements that in which it is stated that the AV of non-standardized silver plans cannot be lower than those of the standardized silver plan.

Click here to download the final AV screenshots for standardized health plans.

31. It is noted that for 2023 issuers were permitted to maintain the same out-of-pocket designs for all Turquoise plans within the specified income range. While the out-of-pocket design for all Turquoise variants must bear a substantial relationship to their underlying base plan. Looking for clarification as to what is meant by this, is it:

i. **For example, for all 99 variants that the issuer offers- there must be variation in out-of-pocket amounts OR**
ii. **There must be variation in out-of-pocket amounts going from the 01 variant down to the 99 variant**

OSI is not requiring variation in out-of-pocket costs *between* different Turquoise plans. Instead, Turquoise variants should largely reflect the relative design of the underlying standard variant (also known as the -01 variant or the "base plan"). For example, if a consumer's income changes so that they move from a Turquoise 1 (99% AV) to a Turquoise 2 (95% AV), the general features of their new variant should be higher but roughly in proportion with the design of their original variant. If a primary care visit is $5 under the Turquoise 1 variant, the Turquoise 2 variant for the same plan shouldn't have 5% coinsurance or a $100 co-pay. The overall features should remain consistent and the cost-sharing amounts across all covered services should remain roughly proportionate to other variants.

32. On the 2024 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 guide, "Issuers are permitted to include nonpreferred generic medications in the preferred brand name tier."

33. The standardized plans do not have consistency in Prescription Drug tiers and how cost share is applied. Per the guidance from CMS, when establishing tiers for the formulary, the cost-sharing associated must go from least expensive to most expensive. The Turquoise 1 plan appears to be an outlier. If the issuer was to follow the guidance, the tier setup would be as established in the formulary Tier Set Up Table; however, all other standardized plans and their variants would follow what is outlined in the base plan setup. Please advise how the issuer should proceed with their formulary structure.

The final standardized health plans have been adjusted to meet federal requirements.

34. 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.

35. 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 2024 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.

36. The rate filing guidance states: "The New Mexico Health Exchange (NMHIX) pays the Exchange fee out of an assessment on all carriers. NMHIX calculates an assessment on all carriers in the market (including off-exchange carriers), which may not be available when the rates are filed. Therefore, quantitative support for the development of the estimated assessment amount must be provided. The assessment amount should be included in the taxes and fees." Can the OSI provide any historical reporting of recent NMHIX assessments to help inform the quantitative support for development of estimated assessment for Plan Year 2024?

Please see Slide 30 of the January 2023 beWellnm Board Meeting slide deck for the most recent assessment reporting. Any questions about beWellnm's assessment process can be directed to Anita Schwing at aschwing@nmhix.com.

37. What cost sharing amounts does OSI expect to be filed for all NM Standardized Plans/Variants for Home Health, Hospice, Ambulance, and Durable Medical Equipment?

Home Health (Per Day):

- Category: Low Co-pay Medical Services
- Co-pay Amount: Equal to Occupational and Physical Therapy co-pay per day

Durable Medical Equipment:

- Category: Low Co-pay Medical Services
- Co-pay Amount: Equal to Occupational and Physical Therapy co-pay per day

Hospice (Per Day):

- Category: Mid Co-pay Medical Services
- Co-pay Amount: Equal to Skilled Nursing Facility co-pay per day

Ambulance:

- Category: Mid Co-pay Medical Services
- Co-pay Amount: Equal to Urgent Care Facility co-pay