



HEALTH CARE
AUTHORITY

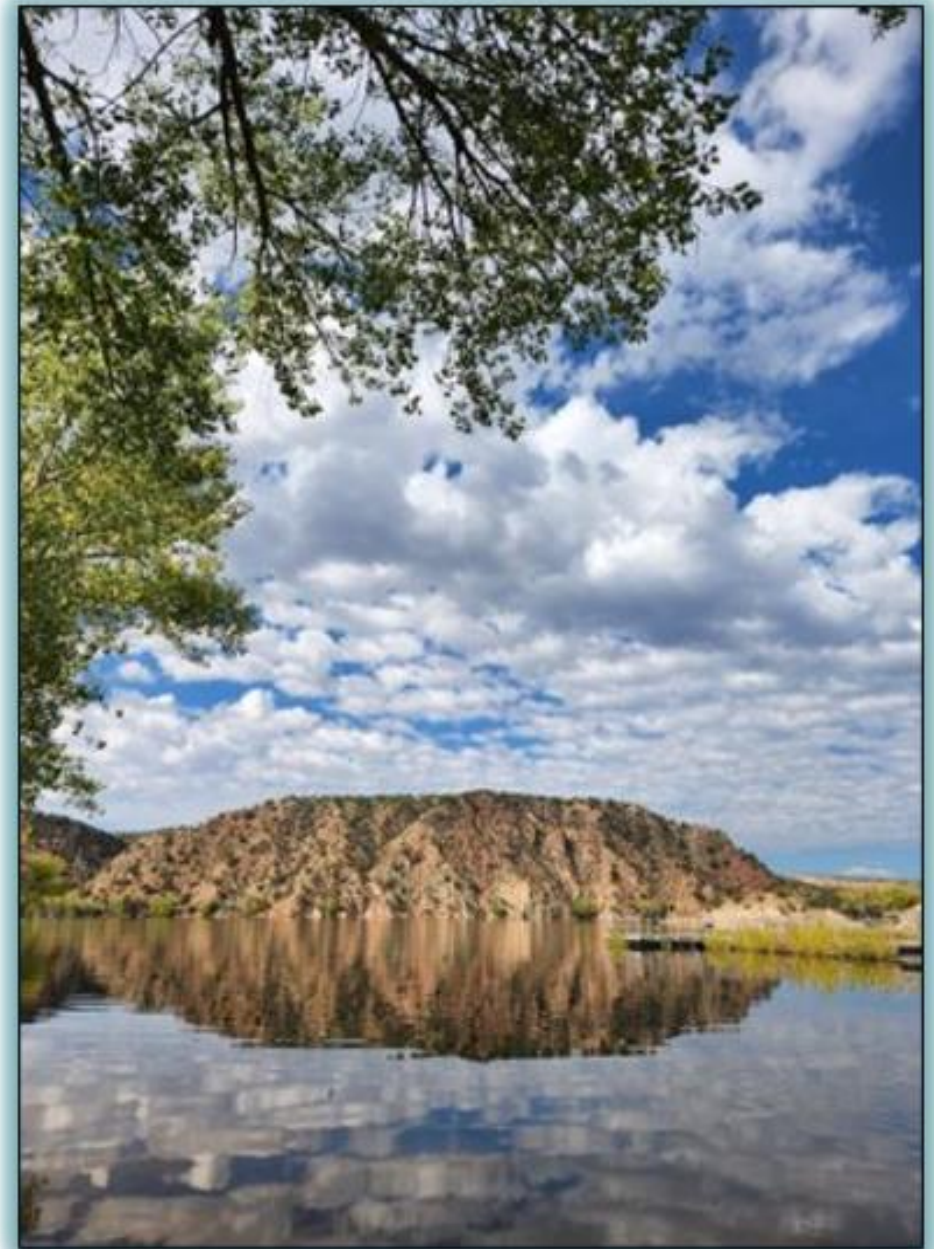
HEALTH CARE AFFORDABILITY FUND

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

Investing for tomorrow, delivering today.



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.



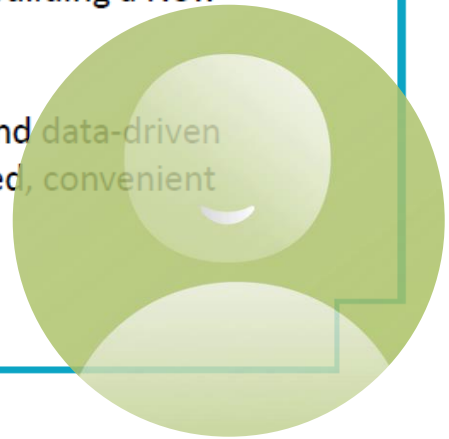
ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



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



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



DISCLAIMER:

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



INTRODUCTION

This presentation will provide you with an overview of the Healthcare Affordability Fund (HCAF) and the Marketplace Affordability Program (MAP).

If you have questions, reach out to:

- Jess Rosenthal, Health Care Affordability Program Coordinator, jessica.rosenthal@hca.nm.gov.
- Cynthia C. Cisneros, Health Care Affordability Public Outreach Coordinator, cynthia.cisneros@hca.nm.gov.



MAIN TOPICS

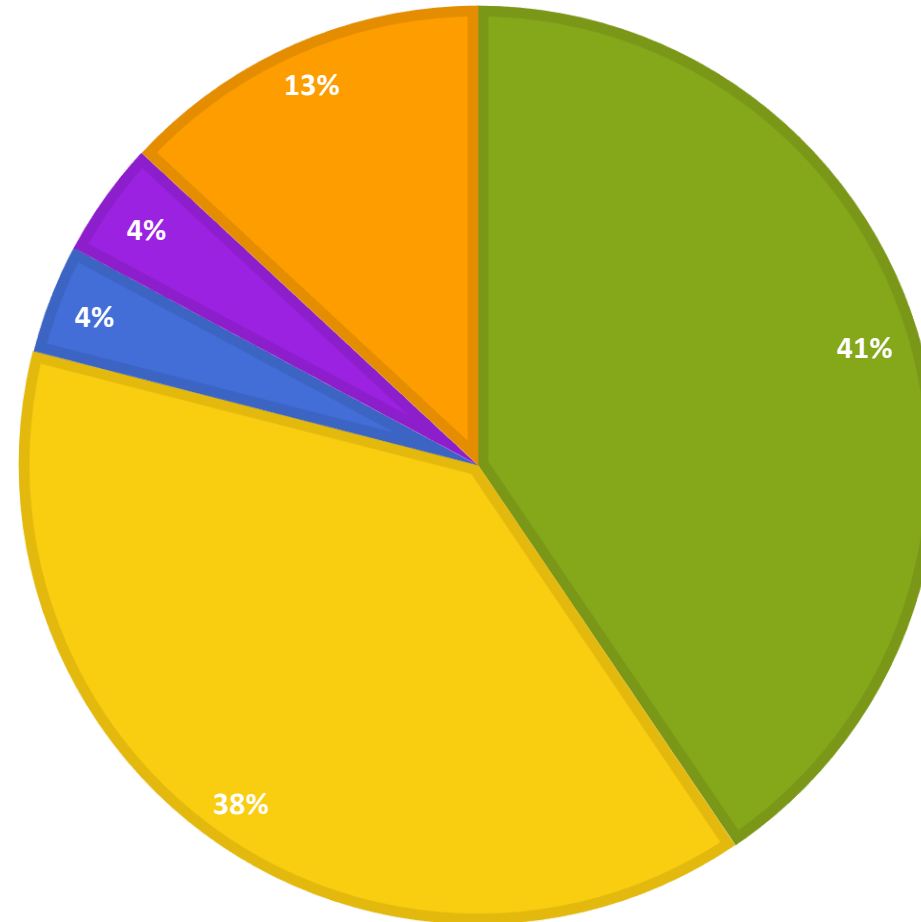
- Coverage Landscape and Federal Poverty Levels
- Overview of the Health Care Affordability Fund
- Overview of the Health Insurance Marketplace Affordability Program
- New Mexico Premium Assistance
- Native American Premium Assistance
- State Out-of-Pocket Assistance / Turquoise Plans
- 2025 MAP Updates
- Clear Cost Plans
- Medicaid Transition Premium Relief
- Coverage Expansion Program
- Small Business Health Insurance Premium Relief Initiative
- The Future
- Appendix – Q&A



COVERAGE LANDSCAPE AND FEDERAL POVERTY LEVELS

WHERE DO PEOPLE UNDER 65 GET THEIR HEALTH COVERAGE TODAY?

■ Employer ■ Medicaid ■ Individual Market ■ Other Public ■ Uninsured



Source: [Medicaid Forward in New Mexico \(urban.org\)](https://www.urban.org)



HEALTH CARE
AUTHORITY

Investing for tomorrow, delivering today.

FEDERAL POVERTY LEVEL INCOME STANDARDS

2023 Federal Poverty Guidelines (Coverage Year 2024)

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$14,580	\$20,120	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320
2	\$19,720	\$27,214	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880
3	\$24,860	\$34,307	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440
4	\$30,000	\$41,400	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000
5	\$35,140	\$48,493	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560
6	\$40,280	\$55,586	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120
7	\$45,420	\$62,680	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680
8	\$50,560	\$69,773	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240

For households with more than 8, add \$5,140 for each additional person. Source (plus Hawai'i and Alaska guidelines): aspe.hhs.gov/poverty-guidelines

Eligibility for premium tax credits in coverage year 2024 is based on 2023 poverty guidelines. FPL = federal poverty line.

Note: Those between 138 – 200% of the Federal Poverty Level (FPL) are the largest group of uninsured.



2024 INCOME ELIGIBILITY FOR ADULTS

Household Size	Adult Medicaid	Marketplace with State + Federal Savings		Marketplace with Federal Savings
	Medicaid-Ineligible Lawfully Present Immigrants - Marketplace with State + Federal Savings			Marketplace with Federal Savings
	0-138% FPL	138-300% FPL	300-400% FPL	400% FPL+
1	\$0-\$20,120	\$20,120-\$43,740	\$43,740-\$58,320	\$58,320
2	\$0-\$27,214	\$27,214-\$59,160	\$59,160-\$78,880	\$78,880
3	\$0-\$34,307	\$34,307-\$74,580	\$74,580-\$99,440	\$99,440
4	\$0-\$41,400	\$41,400-\$90,000	\$90,000-\$120,000	\$120,000



OVERVIEW OF THE HEALTH CARE AFFORDABILITY FUND

WHAT IS THE HEALTH CARE AFFORDABILITY FUND (HCAF)?

- Originally passed and signed into state law in 2021, the Health Care Affordability Fund was established to create programs that reduce health insurance costs for individuals, families, and small businesses.
 - These programs are subject to annual legislative appropriation.
- The programs are overseen by the Health Care Affordability Division which, as of July 1, 2024, is now part of the New Mexico Health Care Authority (HCA).
- This presentation discusses HCAF program benefits that will apply to Plan Year 2025, unless otherwise noted.



WHAT IS THE HEALTH CARE AFFORDABILITY FUND? (CONTINUED)

Programs include:

- The Health Insurance Marketplace Affordability Program
- Medicaid Transition Premium Relief
- The Coverage Expansion Plan
- The Small Business Premium Relief Initiative



OVERVIEW OF THE HEALTH INSURANCE MARKETPLACE AFFORDABILITY PROGRAM

WHAT IS THE HEALTH INSURANCE MARKETPLACE AFFORDABILITY PROGRAM (MAP)?

The statute directs HCA to reduce both premiums and out-of-pocket costs for individuals and families who qualify for federal financial assistance through BeWell.

- Funds from the HCAF were used to create MAP.
- MAP only applies to plans sold on BeWell's individual market platform and will not be available to consumers who enroll in coverage off-exchange.



WHAT TYPES OF COSTS DO NEW MEXICO'S MARKETPLACE AFFORDABILITY PROGRAMS COVER?

Monthly premiums

- New Mexico Premium Assistance (NMPA)
- Native American Premium Assistance (NAPA) (the premium buy-down program for Native Americans)

Annual out-of-pocket costs

- State Out-of-Pocket Assistance (SOPA) or Turquoise Plans



NOTE ON SCREENSHOT LANGUAGE

- The NMPA program is referred to as “New Mexico premium assistance amount” or “state subsidy amount” in the BeWell screens.



NEW MEXICO PREMIUM ASSISTANCE

NEW MEXICO PREMIUM ASSISTANCE

- Individuals and families with income up to 400% FPL who qualify for the federal Premium Tax Credit through BeWell are eligible for NMPA.
- The federal Inflation Reduction Act provides premium subsidies for individuals and families with income above 400% FPL. However, MAP is only available under 400% FPL.



NEW MEXICO PREMIUM ASSISTANCE (CONTINUED)

- The NMPA amount for the 2025 Plan Year will be calculated using the second lowest cost Silver plan (SLCSP) available on the Marketplace.
 - An updated methodology has been adopted for lower income enrollees:
 - *NEW for 2025*** For those **under 200% FPL**, the SLCSP premium amount is increased by 10% when determining their NMPA amount so that these consumers are eligible for additional benefits.
- Provides no-cost monthly premium options up to 200% FPL.
- Reduces premiums for those between 200-400% FPL.



NEW MEXICO PREMIUM ASSISTANCE (CONTINUED)

- NMPA can be used to purchase Bronze, Silver, Gold, or Turquoise plans.
- The state funds **cannot** be used to purchase stand-alone dental plans at this time.
- Consumers do not need to reconcile any state premium assistance (NMPA or NAPA) as they do the federal Premium Tax Credit.



NMPA PREMIUM SLIDING SCALE

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



HOW IS NMPA CALCULATED?

1. Take the monthly premium cost for the second lowest cost Silver plan (SLCSP) in the consumer's rating area and subtract the amount of income the consumer is required to pay toward their health coverage under NMPA.
2. Then subtract the monthly amount of APTC for which the consumer is eligible. This will equal the amount of monthly NMPA.
 - Example: Consumer's household makes \$40,000 a year and has an FPL of 225%. Therefore, the consumer must pay 1% of their household income toward the SLCSP premium under NMPA.
 - \$200 SLCSP **minus** $(1\% * \$40,000 / 12)$ **minus** \$130 in APTC = \$36.67 in NMPA per month
 - Consumer chooses a plan for \$250 a month. \$250 premium **minus** \$130 in APTC **minus** \$36.67 in NMPA = \$83.33 consumer responsibility

Note: Examples throughout this presentation are not exact amounts as you would see them in the system, but they are designed to give you a general idea of how these calculations work.



HOW IS NMPA CALCULATED FOR THOSE UNDER 200% FPL?

1. Take the monthly premium cost for the second lowest cost Silver plan (SLCSP) in the consumer's rating area and **multiply it by 1.1** (to get the SLCSP + 10%).
2. Subtract the amount of income the consumer is required to pay toward their health coverage under NMPA.
3. Then subtract the monthly amount of APTC for which the consumer is eligible. This will equal the amount of monthly NMPA for those under 200% FPL.
 - Example: Consumer's household makes \$30,000 a year and has an FPL of 175%. Therefore, the consumer must pay 0% of their household income toward the premium for the SLCSP under NMPA.
 - SLCSP = \$200. Multiply $\$200 * 1.1 = \220
 - $\$220 \text{ minus } (0\% * \$30,000 / 12) \text{ minus } \$130 \text{ in APTC} = \$90 \text{ in NMPA per month}$
 - Consumer chooses a plan of \$240 a month. $\$240 \text{ premium minus } \$130 \text{ in APTC minus } \$90 \text{ in NMPA} = \$20 \text{ consumer responsibility}$

Notes: In most cases, consumers with incomes under 200% FPL will have a \$0 plan option; the above just explains the underlying calculation for this scenario. Examples throughout this presentation are not exact amounts as you would see them in the system, but they are designed to give you a general idea of how these calculations work.



HOW IS NMPA CALCULATED? (CONTINUED)

- If the consumer is eligible for enough assistance, their premium may be \$0.
- **No** NMPA payment amount will be applied to a stand-alone **dental** plan.



NATIVE AMERICAN PREMIUM ASSISTANCE

NATIVE AMERICANS AND THE AFFORDABLE CARE ACT

Native Americans who are registered members of a federally-recognized tribe may be eligible for subsidies to help pay for health insurance based on their tax household and annual gross income.

- No-Cost-Sharing Plans: They may qualify if their income is between 100% and 300% FPL. With these plans:
 - They do not pay a copayment, deductible, or coinsurance at Indian Health Services (IHS) or Tribal Health Care Centers.
 - They also do not pay any cost sharing for in-network essential health care benefits at other providers, and no referral is required from IHS or Tribal Health Care Centers.



NATIVE AMERICANS AND THE AFFORDABLE CARE ACT (CONTINUED)

Limited Cost-Sharing Plans: They may qualify if their income is above 300% FPL. With these plans:

- They do not pay a copayment, deductible, or coinsurance at IHS or Tribal Health Care Centers.
- They do need a referral to avoid these costs for essential health benefits for doctors outside of IHS or a Tribal Health Care Center.



NATIVE AMERICAN PREMIUM ASSISTANCE BENEFITS

State-funded premium assistance is enhanced for registered members of federally-recognized tribes.

- Those under 300% FPL will be offered a \$0 premium for the lowest cost plan from each issuer due to the NAPA program.
 - Due to the zero cost-sharing variant that already exists for Native Americans under the ACA, the State ties the NAPA benefit to the lowest cost plan from each issuer, regardless of metal tier.

Reminder: Consumers do not need to reconcile any state premium assistance (NMPA or NAPA) as they do the federal Premium Tax Credit.



NATIVE AMERICAN PREMIUM ASSISTANCE BENEFITS (CONTINUED)

- The state pays what would otherwise be owed for the plan after accounting for the federal APTC and NMPA.
- Non-essential health benefits (EHB), such as adult vision, can be included in the NAPA amount to bring the consumer responsibility to \$0.
- Registered members of federally-recognized tribes between 300-400% FPL will have a consumer responsibility of between 1-8.5% of household income for the SLCSP.



HOW IS NAPA CALCULATED?

1. Take the monthly premium cost for the lowest cost plan offered by any issuer in the consumer's rating area and subtract the monthly amount of tax credits for which the consumer is eligible.
2. Then subtract the amount of monthly NMPA. This equals the amount of NAPA per month.
 - Example 1: A Native American consumer household makes \$33,885 a year and has an FPL of 225%. Therefore, the consumer does not owe a premium for the lowest cost plan offered by issuer X.
 - \$300 premium **minus** \$240 in APTC **minus** \$32.50 in NMPA = \$27.50 in NAPA per month. The consumer's responsibility is \$0.
 - Example 2: A Native American consumer household makes \$45,330 a year and has an FPL of 301%. Therefore, the consumer must pay 1% of their household income toward the SLCSP premium amount.
 - \$315 premium **minus** \$230 in APTC **minus** \$41.66 in NMPA = \$43.34 in NAPA per month. The consumer's responsibility is \$0.

Note: Examples throughout this presentation are not exact amounts as you would see them in the system, but they are designed to give you a general idea of how these calculations work.



NAPA MARKER IN BEWELL SHOPPING SCREENS

Look for the **Max Savings** flag

MONTHLY PREMIUM ⓘ CARRIER AND PLAN DETAILS ⓘ ANNUAL DEDUCTIBLES ⓘ ANNUAL OUT-OF-POCKET COST ⓘ

\$0.00 Individual **\$1,000.00** Calculate Out-of-Pocket Cost

This total amount already takes into account:

- Your monthly plan premium cost of \$642.81
- Your estimated premium tax credit of \$542.81
- Your estimated New Mexico Premium Assistance amount of \$76.29
- Your estimated Native American Premium Assistance amount of \$23.71

Overall Rating Not Available

Select to compare Add to

\$0.00 Individual **\$1,200.00** Calculate Out-of-Pocket Cost

Max Saving HMO/SILVER Family **\$2,400.00**

If you pick a "Max Savings" health plan, you will not owe monthly payments or out-of-pocket costs when you use covered services. New Mexico provides extra savings on these plans for Native Americans under a certain income level. BeWellnm will include these savings when we show you health plans.

Overall Rating Not Available

- Includes NMPA.
- Based on income, Native Americans may qualify for a \$0 monthly premium and no out-of-pocket costs when they use covered services.
 - Must choose the lowest cost plan with “Max Savings” flag.
- This total amount already takes into account:
 - Your monthly plan premium cost of \$642.81.
 - Your estimated Premium Tax Credit of \$542.83.
 - Your NMPA Amount of \$26.29.
 - Your NAPA amount of \$23.71.



STATE OUT-OF-POCKET ASSISTANCE /
TURQUOISE PLANS

STATE OUT-OF-POCKET ASSISTANCE (SOPA)

Who is eligible?

- ***NEW for 2025*** Individuals and families up to 400% FPL* who qualify for the federal Premium Tax Credit through BeWell.

What does it do?

- Directly reduces deductibles, maximum out-of-pocket limits, copayments, and coinsurance for certain plans.

To benefit from SOPA, consumers must select a Turquoise Plan through BeWell.

* **2024:** 300% FPL eligibility limit; **2025:** 400% FPL eligibility limit



TURQUOISE PLANS

- Turquoise Plans are plans that have extra savings on out-of-pocket costs that are provided by the State of New Mexico.
- There are 3 levels of Turquoise Plans, based on household income.
- When consumers shop for plans, they will see a “Turquoise Plan” marker to let them know which plans qualify for extra savings.
- During the shopping process, consumers must pick a Turquoise Plan to get the applicable benefits.



TURQUOISE PLAN MARKER

MONTHLY PREMIUM | CARRIER AND PLAN DETAILS | DEDUCTIBLES | ANNUAL OUT-OF-POCKET COST

\$23.71 Individual **\$1,000.00**

This total amount already takes into account:

- Your monthly plan premium cost of \$642.81
- Your estimated premium tax credit of \$542.81
- Your estimated New Mexico Premium Assistance amount of \$76.29

Overall Rating
Not Available

Select to compare

\$60.78 Individual **\$1,200.00**
Family **\$2,400.00**

Turquoise Plan

Ind HMO Silver 4
HMO/TURQUOISE

Turquoise Plans lower your out-of-pocket costs. That means you get discounts for things like doctor and hospital visits or filling prescriptions. Turquoise Plans usually have lower deductibles and maximum out-of-pocket limits.

This total amount already takes into account the consumer's:

- Monthly plan premium cost of \$642.81.
- Estimated Premium Tax Credit of \$542.81.
- NMPA amount of \$76.29.



TURQUOISE PLAN LEVELS (CONTINUED)

IMPORTANT: If a consumer is between 200.01 – 250% FPL and qualifies to purchase a Turquoise plan but chooses to purchase a Silver plan, they will only be getting an actuarial value (AV) of 73% instead of an AV of 90%.

Note:

- “AV” is the percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an AV of 70%, on average, consumers will be responsible for 30% of the costs of all covered benefits.



TURQUOISE PLANS AND NATIVE AMERICANS

NEW for 2025 Qualifying Native Americans between 300-400% FPL will be eligible for a Limited Cost Sharing version of the Turquoise plan that will have an AV of 90%.

Note:

- Health insurance through BeWell, and the associated benefits, do not replace access to IHS and other Tribal Health Care Centers.



TURQUOISE PLAN LEVELS

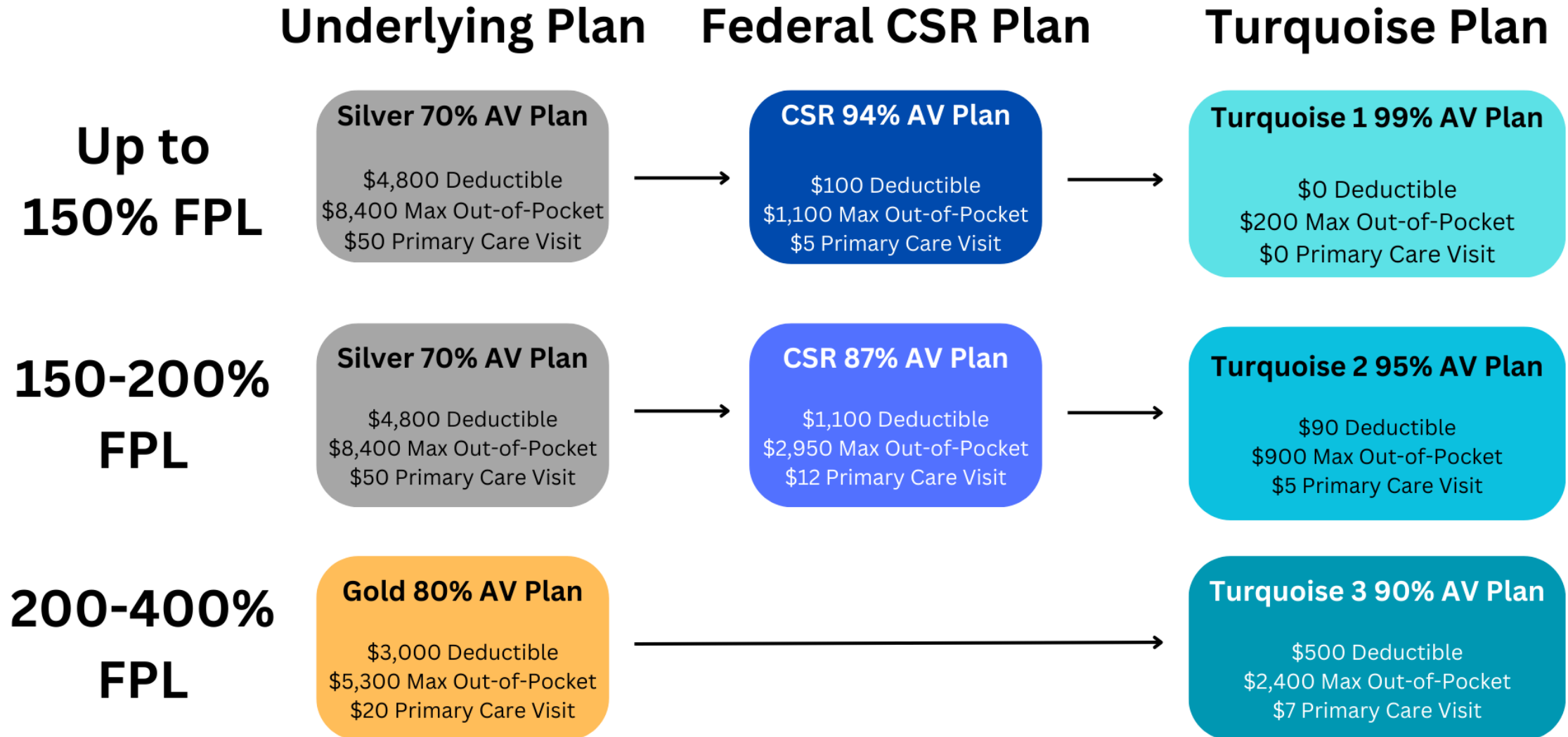
Turquoise Plans are enhancements of Silver plans for consumers under 200% FPL or Gold plans for consumers between 200-400% FPL. Consumers should choose a Turquoise Plan to get the appropriate benefits. Plans were renamed to “Turquoise” for ease of reference for the consumer.

Plan Number	Turquoise 1	Turquoise 2	Turquoise 3
FPL Range	Up to 150%	150-200%	200-400%
Actuarial Value	99% AV	95% AV	90% AV
Underlying Metal Level	Silver	Silver	Gold

* **2024:** 300% FPL eligibility limit; **2025:** 400% FPL eligibility limit



EXAMPLES OF TURQUOISE OUT-OF-POCKET COST REDUCTIONS



OUT-OF-POCKET MAXIMUMS FOR TURQUOISE PLANS IN 2025

0-150% FPL

- \$500 for individuals
- \$1,000 for families

150-400% FPL

- \$3,050 for individuals
- \$6,100 for families



SPECIAL ENROLLMENT PERIOD TO CHANGE PLANS

- Turquoise plans have an underlying metal level of Silver or Gold.
- When a consumer has a change in circumstances that would move them between a Turquoise plan with an underlying Silver level plan and a Turquoise plan with an underlying Gold level plan, the consumer should be allowed a Special Enrollment Period (SEP) so they can continue to get the benefits of a Turquoise plan. This may require the consumer to contact the BeWell Customer Engagement Center (1-833-862-3935, TTY: 711).



2025 MARKETPLACE AFFORDABILITY PROGRAM UPDATES

MAJOR 2025 MAP POLICY UPDATES

- The benchmark used to calculate New Mexico Premium Assistance is increased by 10% for individuals under 200% FPL.
- Turquoise 3 plans are expanded from 300% FPL to 400% FPL.
- Limited Cost Sharing variants of Turquoise 3 plans are available to registered members of federally-recognized tribes between 300-400% FPL.
- Visit this webpage to learn more about MAP for PY2025:
<http://bit.ly/4dWiFpS>



CLEAR COST PLANS

CLEAR COST PLANS: WHAT ARE THEY?

- In 2020, Governor Lujan Grisham advanced HB 100 to create “standardized health plans” on the Marketplace.
- “Standardized health plans” are plans offered by each issuer that have the same out-of-pocket cost design.
- BeWell calls these plans “Clear Cost Plans” which let consumers do “apples-to-apples” plan comparisons.
- The plans were designed with cost predictability in mind, minimizing the number of services subject to a deductible and only using copayments instead of coinsurance.



CLEAR COST PLANS

All Clear Cost Plans have the same out-of-pocket costs for covered benefits, like primary care and generic medication coverage. That means the consumer does not have to compare each benefit individually, and they can focus on what matters:

- Plan quality: The best benefits for the cost
- Network coverage: Which providers accept the consumer's insurance
- Monthly premium: The amount the consumer will pay each month to have insurance



CLEAR COST PLANS: 2024 AND 2025 REQUIREMENTS

For the 2024 and 2025 Plan Year, issuers must offer:

- Silver Clear Cost Plan
 - Turquoise 1 Clear Cost Variant
 - Turquoise 2 Clear Cost Variant
- Gold Clear Cost Plan
 - Turquoise 3 Clear Cost Variant
 - Turquoise 3 Clear Cost Variant with Limited Cost Sharing

The Office of Superintendent of Insurance limits non-standardized offerings to 2 Silver plans and 2 Gold plans.



CLEAR COST PLANS (CONTINUED)

- Copayments, not coinsurance.
- Only a few services are subject to a deductible.
- Medical services are organized into simple low-, mid-, and high-cost categories.
- Clear Cost Plans will be clearly marked when consumers are reviewing their plan enrollment options through BeWell.

The screenshot displays a health plan enrollment interface with four main sections: EST. MONTHLY PREMIUM, CARRIER AND PLAN DETAILS, ANNUAL DEDUCTIBLES, and ANNUAL OUT-OF-POCKET COST. The 'EST. MONTHLY PREMIUM' section shows '\$0.00' and two plan options: 'Turquoise Plan' and 'Clear Cost Plan'. The 'Clear Cost Plan' is highlighted with an orange box. The 'CARRIER AND PLAN DETAILS' section shows 'Clear Cost Turquoise 3 Plan with EXTRA SAVINGS' and lists copayments for Primary Care Visit (\$7/NA), Generic Drugs (\$5/NA), and Emergency Services (\$75.00/NA). The 'ANNUAL DEDUCTIBLES' section shows 'Individual \$500.00' and 'Family \$1,000.00'. The 'ANNUAL OUT-OF-POCKET COST' section has a 'Calculate Out-of-Pocket Cost' button. A 'See Plan Details' button is also visible at the bottom.

EST. MONTHLY PREMIUM ⓘ	CARRIER AND PLAN DETAILS ⓘ	ANNUAL DEDUCTIBLES ⓘ	ANNUAL OUT-OF-POCKET COST ⓘ
\$0.00	[Redacted]	Individual \$500.00	Calculate Out-of-Pocket Cost
	Clear Cost Turquoise 3 Plan with EXTRA SAVINGS	Family \$1,000.00	
	Primary Care Visit: \$7/NA Generic Drugs: \$5/NA Emergency Services: \$75.00/NA		
	HMO/TURQUOISE		



2025 TURQUOISE CLEAR COST PLAN DESIGN FOR SELECTED BENEFITS

Plan	Turquoise 1	Turquoise 2	Turquoise 3
Deductible	\$0	\$100	\$500
Max Out of Pocket	\$200	\$1,000	\$2,400
Primary Care Visit to Treat an Injury or Illness	\$0	\$5	\$7
Occupational and Physical Therapy	\$0	\$5	\$7
Specialist Visit	\$3	\$10	\$20
X-rays and Diagnostic Imaging	\$3	\$10	\$20
Outpatient Surgery Physician/Surgical Services	\$5	\$35	\$60
Emergency Room Services	\$30	\$40	\$75
All Inpatient Hospital Services	\$30	\$40	\$75
Generic Drugs	\$0	\$3	\$5
Preferred Brand Drugs	\$3	\$10	\$10
Preferred Specialty Drugs	\$10	\$25	\$50

Services Highlighted in Blue are Subject to Deductible



MEDICAID TRANSITION PREMIUM RELIEF

MEDICAID TRANSITION PREMIUM RELIEF

- In response to the COVID-19 public health emergency, the federal government did not require people to renew their Medicaid for a time.
- As of spring 2023, everyone had to renew their Medicaid eligibility when they were notified by the HCA to stay enrolled in Medicaid coverage.
- Some people who no longer qualify for Medicaid may be eligible for help through New Mexico's Medicaid Transition Premium Relief (MTPR) Program.



MEDICAID TRANSITION PREMIUM RELIEF (CONTINUED)

- Through the MTPR Program, the first month's premium may be covered for qualifying individuals changing from Medicaid to a health plan on BeWell.
- The program is meant to minimize coverage disruptions and lock-in consumer protections, including access to a three-month grace period after the first premium payment is made, for qualifying individuals and families who need quality affordable coverage.
- This program is only available through BeWell.
- MTPR will continue into 2025, and the HCA is considering proposing rules that will make this permanent.



MEDICAID TRANSITION PREMIUM RELIEF ELIGIBILITY

Any shopping group within a household with a qualifying individual is eligible for MTPR.

- A qualifying individual is a person who:
 - (1) is a resident of the state of New Mexico who is eligible to purchase a Qualified Health Plan (QHP) on the BeWell Marketplace;
 - (2) has been determined ineligible for minimum essential coverage Medicaid (“full Medicaid”) by the HCA or expects to become ineligible for full Medicaid coverage within 60 days of **submitting an application** to the BeWell Marketplace;
 - (3) is eligible for the federal Premium Tax Credit; and
 - (4) has an expected household income up to 400% FPL.



COVERAGE EXPANSION PROGRAM

COVERAGE EXPANSION PROGRAM OR CEP

- Program for uninsured individuals and families who do not have access to employer insurance, coverage through BeWell, Medicaid, or Medicare.
- Provides benefits, premiums, and out-of-pocket costs similar to BeWell up to 200% FPL.
- Program details are still in development.
- Expected to impact approximately 8,000 individuals in its first year.
- Target start date is July 2025.



SMALL BUSINESS HEALTH INSURANCE
PREMIUM RELIEF INITIATIVE

SMALL BUSINESS INITIATIVE

Who is eligible?

- Small businesses with between 2 and 50 employees, or full-time equivalents, that purchase ACA-compliant small group plans.

Offered benefits?

- A 10% discount on premiums.

These benefits are no longer available through BeWell; however, they are available off-Marketplace.

The issuers offering these benefits include Blue Cross Blue Shield of New Mexico, Presbyterian Health Plan, and United Healthcare.



THE FUTURE

THE FUTURE

- If the Inflation Reduction Act’s federal Premium Tax Credit enhancements expire at the end of 2025, the Health Care Affordability Division is evaluating the possibility of using HCAF to continue the enhancements to the federal Premium Tax Credit, likely up to a set FPL.
 - This will help to maintain ongoing enrollment as well as reduce the “sticker shock” for consumers who are used to paying lower premiums.
- If the federal subsidies are extended, the Health Care Affordability Division is exploring additional affordability initiatives.



APPENDIX – Q&A

BEWELL Q&A

Question: Who qualifies for programs through BeWell?

Answer: Consumers must:

- Be a resident of New Mexico (residing or intending to reside),
- Be a U.S. citizen or national (or be lawfully present), and
- Not be incarcerated.

The amount of tax credits and cost-sharing a consumer may be eligible for also depends on their income and household size.



OOP Q&A

Question: What happens to the money the consumer has already paid toward their maximum out-of-pocket (OOP) cost when a consumer changes their plan due to a change in circumstances?

Answer: 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 paid by the consumer when they were enrolled in their original plan to their new plan.



MAP Q&A

Question: What if the consumer qualifies for more state-based assistance than the cost of the plan they want?

Answer: They will have a \$0 premium. However, they will not receive any benefits beyond a no-cost premium.



MAP Q&A

Question: What are Turquoise plans?

Answer: HCAF states that the New Mexico Health Care Authority (HCA) must use the HCAF to reduce “premiums and cost sharing” offered through BeWell. To reduce “cost sharing” (also referred to as “out-of-pocket costs”), the HCA will build upon the framework of the ACA’s cost-sharing reductions (CSR) to enhance the actuarial value (AV) of certain plans.

Reminder: AV is the percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an AV of 70%, on average, consumers will be responsible for 30% of the costs of all covered benefits.



MAP Q&A

Question: What are the improved AVs with Turquoise Plans?

Federal Poverty Level	Marketplace Affordability Program AV Level for Turquoise Plans	ACA AV Level for Relevant Federal Variants
Up to 150%	99% AV (Silver)	94% AV (Silver)
150.01-200%	95% (Silver)	87% AV (Silver)
200.01-400%	90% AV (Gold)	80% AV (Gold)

Issuers must submit variants with cost-sharing that meets the AV requirements established by the HCA.



MAP Q&A

Question: How are State Out-of-Pocket Assistance (Turquoise Plan) payments made?

Answer: State Out-of-Pocket Assistance payments will be paid directly to the issuer by HCA in the form of monthly advanced payments.



MAP Q&A

Question: What is an example of what a consumer would have to pay for their premium under MAP if they chose not to use all available APTC?

Example:

- Total monthly premium amount for the chosen health plan = \$200
- SLCSP monthly premium amount = \$130
- Essential health benefit (EHB) portion of the premium = \$120
- Max available APTC = \$100
 - Claimed APTC amount (using APTC Slider) = \$80
- Available New Mexico Premium Assistance (NMPA) amount = \$50
 - Applicable NMPA amount = \$30
 - \$100 (Max Available APTC) **minus** \$80 (APTC selected by individual) = \$20 (APTC not taken)
 - \$50 (Available NMPA) **minus** \$20 (APTC not taken) = \$30 (Applicable NMPA amount)
- \$200 total premium **minus** \$80 APTC **minus** \$30 NMPA = **\$90 consumer responsibility**

Note: Examples throughout this presentation are not exact amounts as you would see them in the system, but they are designed to give you a general idea of how these calculations work.



MAP Q&A

Question: What is an example of what a consumer would have to pay for their premium under MAP, including NAPA?

Example:

- Total premium amount of the lowest cost health plan for issuer X = \$130
- EHB portion of the premium = \$120
- Max available APTC = \$100
 - Claimed APTC amount = \$100
- Available NMPA = \$30
 - Applicable NMPA = \$20
 - \$120 (Premium amount as per EHB%) - \$100 (Max Available APTC as per EHB%) = \$20
- NAPA amount = \$10
 - \$130 (Total premium) **minus** \$100 (Applicable APTC) **minus** \$20 (Applicable NMPA) = \$10
- Consumer responsibility = \$0
 - \$130 (Total plan premium) **minus** \$100 (Applicable APTC) **minus** \$20 (Applicable NMPA) **minus** \$10 (NAPA) = \$0

Note: Examples throughout this presentation are not exact amounts as you would see them in the system, but they are designed to give you a general idea of how these calculations work.



MAP Q&A

Question: How does a Health Reimbursement Account (HRA) impact NMPA?

Answer: The type of HRA matters.

- If a consumer has an Individual Coverage Health Reimbursement Arrangement (ICHRA) that is considered affordable, they cannot get APTC or NMPA. If a consumer has a Qualified Small Employer HRA (QSEHRA), the amount of the APTC and NMPA will be reduced by the amount of the QSEHRA.
- Ex. The consumer is offered a \$50 QSEHRA from their employer. The consumer would otherwise be eligible for \$40 in APTC and \$15 in NMPA; however, since they are offered the \$50 QSEHRA, they do not get any APTC and only \$5 in NMPA.

Source: [CMS Individual Coverage Health Reimbursement Arrangements: Policy and Application Overview](#)



MAP Q&A

Question: What is another example of how a QSEHRA impacts NMPA?

Example:

- QSEHRA payments will reduce the NMPA amount equal to the QSEHRA contribution amount after the APTC has been reduced to \$0.
 - Consider a consumer with a \$100 gross premium who qualifies for a \$50 APTC and \$30 NMPA payment, leaving a \$20 net premium.
 - If this individual received a \$60 QSEHRA payment, the APTC will adjust to \$0 since the \$60 QSEHRA payment exceeds the APTC amount.
 - In this situation, the NMPA amount will be reduced by \$10 to account for the remainder of the individual's QSEHRA payment.
 - \$100 premium **minus** \$0 APTC (zeroed out due to QSEHRA) **minus** \$20 NMPA (reduced by \$10 due to QSEHRA) **minus** \$60 QSEHRA = \$20 consumer responsibility when they can use their QSEHRA to pay their premium.





THANK
YOU!



HEALTH CARE
AUTHORITY

JESS ROSENTHAL - JESSICA.ROSENTHAL@HCA.NM.GOV

CYNTHIA C. CISNEROS - CYNTHIA.CISNEROS@HCA.NM.GOV

INVESTING FOR TOMORROW, DELIVERING TODAY.