OE 2021 Marketplace Virtual Kickoff Event
New Mexico Medical Insurance Pool

Presented By:
Kristina Leeper Deputy Director
New Mexico Medical Insurance Pool (NMMIP)

- Legislatively created in 1987 as non-profit entity whose Purpose is:
  - “…to provide access to health insurance coverage to all residents of New Mexico who are denied adequate health insurance and are considered uninsurable.”

  - Benefits reflect, at a minimum, coverage generally available in NM for small group policies
Statutory

ELIGIBILITY REQUIREMENTS

- Resident; and
- Rejection for Individual Comprehensive Coverage; or
- Pay Premiums Above “Qualifying Rate” (125% SRR); or
- HIPAA Eligible
  - Had 18 months of previous coverage, last of which was Group, with no gap > 95 Days

**Ineligible** if eligible for Group Ins, Medicaid, Medicare

*Eligibility exceptions - closed enrollment/Medicaid denial, gap coverage, partial Medicare eligibility, maxing out benefits, etc.*
PREMIUM RATES

- Based on AGE, DEDUCTIBLE, REGION, SMOKER

- Currently set at 100% of “Standard Risk Rate”

- Low-Income Premium Program
  - Discounted premiums for those < 400% FPL
## FULL PREMIUM EXAMPLES 2020
Bernalillo Co. Non-Smoker

<table>
<thead>
<tr>
<th>Age</th>
<th>500 Deductible</th>
<th>1000 Deductible</th>
<th>2000 Deductible</th>
<th>5000 Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>$280</td>
<td>$242</td>
<td>$192</td>
<td>$129</td>
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<tr>
<td>20</td>
<td>$355</td>
<td>$306</td>
<td>$244</td>
<td>$164</td>
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<td>25</td>
<td>$368</td>
<td>$317</td>
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<td>64</td>
<td>$1,099</td>
<td>$948</td>
<td>$755</td>
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</table>
## LOW-INCOME PREMIUM PROGRAM

### Qualifying Income Guidelines - 2020

<table>
<thead>
<tr>
<th>Household Size</th>
<th>0-199% of Poverty</th>
<th>200-299% of Poverty</th>
<th>300-399% of Poverty</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>75% Premium Reduction</td>
<td>50% Premium Reduction</td>
<td>25% Premium Reduction</td>
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<tr>
<td>1</td>
<td>$24,855</td>
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<td>5</td>
<td>$60,038</td>
<td>$90,208</td>
<td>$120,378</td>
</tr>
</tbody>
</table>

* May Appeal for consideration of current income.
Effective 1/1/2018, NMMIP changed to an EPO plan. Previously NMMIP functioned much like a PPO, the current plan design functions like an HMO with copays for many services and some out of state coverage but no out of network coverage unless urgent or emergent care. Members that are balanced billed for out of network can appeal to Zelis, NMMIP’s current facility network manager to negotiate the balance bill.

The Benefit Plans are as follows:

- $500 Deductible/$5,000 Max OOP - 80/20 Coinsurance
- $1,000 Deductible/$5,000 Max OOP - 80/20 Coinsurance
- $2,000 Deductible/$6,000 Max OOP - 70/30 Coinsurance
- $5,000 Deductible/$7,350 Max OOP - 60/40 Coinsurance

*Medwatch NMMIP Care Management - benefits built in to support intensive care management
NMMIP Network


- You can search for providers and clinics via our website (link below) or by calling Benefit Management at 1-844-728-7896

- https://nmmip.org/service/provider-directory/

In previous years when BCBSNM was the administrator NMMIP utilized their network, when NMMIP changed to Benefit Management the network changed to Cigna. Currently the network is PHCS/Zelis
Medicare Carve Out Plan

- Individuals under the age of 65 and on Medicare due to a disability can apply for the Medicare Carve Out Plan through NMMIP.

- Medicare A and B are primary, the Medicare Carve Out plan is a secondary plan. The NMMIP Carve-Out Plan is designed to “coordinate” benefits with Medicare and usually pays benefits only after Medicare has paid its portion of your covered health care services.

- The Medicare Carve Out plan has a $500 Deductible/$3000 Max OOP.

*Special eligibility exceptions for members with QMB and SLIMB.
Medicare Carve Out and SPAP Program

- Effective 1/1/2018 the Medicare Carve Out plan stopped offering a prescription benefit and became an SPAP, (State Pharmaceutical Assistance Program).

- Medicare Carve Out members must enroll in a Part D plan and pay the monthly premium. NMMIP will pay the out-of-pocket costs for medications on the Part D formulary. Both cards must be presented at the pharmacy at point-of-sale.
Broker Commission

- Brokers assisting a new applicant into the NMMIP are eligible to receive a one-time commission of $300 after the policy has been effective for 3 months.
- Brokers assisting a NMMIP member transitioning out of NMMIP into the Exchange or Medicaid are eligible to receive a $300 fee.

- https://nmmip.org/blog/broker-information/
Contact Information

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