

**10/6/2020 - SBE Transition (Renewals and Data Migration) Meeting Q&A Log**

#	Organization	Questions & Comments	Answers
1	Molina Healthcare	Is the enrollment coming over in scrubbed batch jobs? Looking for a timeframe of this process. Are the notices written or emailed? Is there a plan if the emails are not valid? Was the noticing timeframe the reason for the OE extension?	Data will be migrated from the FFM in series of batch files. See slide 6 for the data migration timeline. The system will send paper notices, but all notices are able to be accessed using the account holder's secure electronic inbox. Consumers may choose electronic notification. If email addresses are not valid, NMHIX will try to reach members by other contact methods. The OE extension is <u>unrelated to the noticing timeline.</u>
2	BCBS IL	Carrier notices to members: Is the expectation that carriers will use CMS template/format for notices or will there be custom letters the exchange will require carriers to send to members (specific to renewal and discontinuance)?	A further discussion in a smaller group about notice requirements is necessary. We will revisit this question in a future meeting.
3	Renaissance	What if we are considering not offering our products on NMHIX? Ex. Will our dental plan members still be transferred over if we're not planning on continuing to offer products?	Yes, all eligible and enrolled members will be migrated to the NMHIX system. If a 2021 plan is not available in 2022, they will be offered renewal into a mapped plan.
4	Renaissance	Is there a communication/notification requirement if a carrier is not planning to offer products on NMHIX?	Response from OSI: There are notification requirements to the members and policy holders. The statute is 59A-23-E NMSA 1978.
5	True Health NM	Asked this as a one-off previously, how is beWellnm going to sync up with healthcare.gov in regard to retro enrollments, terms, and APTC changes during and after OE? How will this info be communicated to the carriers?	After the last payload from CMS for 2021 enrolments , there's a point at which a member will need to make a change on both systems for that period of time after we have synced the data with Healthcare.gov. We are in discussions with CMS, and there will be communications to the member that they will need to make changes in both systems. There will be banners on both the state and the FFM side directing the consumer what to do and where to go for the plan year in question.

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6	True Health NM	How is NMHIX going to ensure that our systems are in sync with the FFM system? The reconciliation process needs to be nailed down so carriers know who the source of truth is and who the carriers report to. In regard to APTC, if there's a retroactive change that impacts the premiums – these members will be vocal (especially because NMHIX is conducting billing).	<p>All 2021 plan changes will be managed through Healthcare.gov, and any updates for 2021 will be managed through existing connections between Carriers and Healthcare.gov.</p> <p>For enrollment effective dates beginning 1/1/2022 the source of truth for eligibility, enrollment and premium payments will be NMHIX . The data provided to CMS and the carriers will be generated from the same system. Outside of timing issues, all systems (NMHIX, CMS, Carriers) should be in sync.</p> <p>Any changes made in Plan Year 2022 in Healthcare.gov that impact premiums retroactive to Plan Year 2021 will continue to be handled by the carrier. NMHIX will invoice 2022 coverage months only.</p> <p>We will coordinate with CMS the messaging on Healthcare.gov and the beWellnm system to educate members about making changes.</p>
7	Office of the Superintendent of Insurance	If a consumer doesn't create a new profile on the state-based system (with the expectation that their plan will be auto-renewed as it has been in the past), will they become uninsured? Or will the auto-renewal process create a new profile for them on the state-based exchange?	The user is not required to come on the portal to complete renewal, as long as NMHIX receives their binder payment by the 23rd.
8	Office of the Superintendent of Insurance	Will the user have logon to the portal for payment or can they continue to pay the carriers directly? Do consumers have a choice between making payments directly to the carriers or can they only pay the SBE?	NMHIX is taking on the premium billing functions for plan year 2022, payments should not be paid to carriers. We will have a process to ensure payments that are made to carriers are routed by NMHIX.
9	Office of the Superintendent of Insurance	Is the system being built in a way that will accommodate grace periods?	Yes, the system will accommodate grace periods for both APTC and Non-APTC members.
10	Molina Healthcare	12/23 and 1/23 cut off payment date – do they get cancelled if payments are not received by this date? How are late (or last minute i.e. 11:59PM) payments addressed? I see this as a potential risk.	<p>Yes, the coverage is cancelled if payments are not received from the members by the cutoff payment date.</p> <p>NMHIX would work with the carrier/member if the last minute payment scenario as described takes place.</p>

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11	BCBS-IL	Can you clarify what kind of things will fall under the "Plan Management Module" topic on 10/20?	We will be focusing on (1) the loading of the plans that are coming from the SERFF template into the NMHIX system, (2) our process for carrier review and approval of carrier information for publication on NMHIX - how that module works and what you'll be using, and (3) we will discuss the testing process and timeline.
12	Delta Dental	Will we receive renewal 834 enrollments prior to that payment being made to NM HIX? Or will we not get the 834 until the January payment has been made.	Carriers will not receive the 834 until binder payments are made and received by NMHIX.
13	Molina Healthcare	In terms of cut-over when a member is no longer required to make updates on the FFM and exclusively will need to make updates on the NMHIX, is that 11/1? The reconciliation process will be crucial to not confuse members (they may not know which change will apply to which exchange).	During that time period it will depend on which plan year they are trying to update. Anything for 2022 will be with NMHIX, while a 2021 change will be in healthcare.gov. We will be launching a broader education and outreach effort about the transition next year. We agree this will be an important point to emphasize.
14	True Health NM	Do you have any lessons learned from the NV project that can help us move forward with our questions?	We have had multiple conversations with Nevada about their migration experience. We are happy to pose some of the carrier questions to them about migration or where NV's approach is comparable to ours.
15	True Health NM	Yolanda suggests a separate session to discuss putting member accounts "on claims hold" in real-time.	Carriers will get a flag in the 834 file when NMHIX doesn't receive a payment. This can be an indicator to carriers that the member has gone into a delinquent status. Carriers will also receive an 'unpend' flag in the 834 file when NMHIX receives the delinquent payment.
16	BCBS-IL	Would Machine Readable data requirements/submissions fall under "Plan Management" for 9/20?	See response to Item 17 below.

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17	BCBS-IL	Carriers are required to update provider and drug data on a monthly basis for CMS currently. Will the NMHIX have a similar function? If so, what will be driving this display? Will the submission use the CMS template for this data? Piotr wants to have exposure into the decision support tools and what data will be driving this. Perhaps add this to the 10/20 meeting agenda.	This is not on our scheduled list of topics, but it can be added to a future meeting. We will be using an interface with OSI to get the provider and formulary data to feed our decision support tool. We are working with them to ensure that we are digesting that appropriately. We may want to follow up with you and others.
18	Delta Dental	Will the Carrier be responsible for paying Agent Commissions?	Yes, that will still be a carrier function responsibility.