

NMMIP Presentation beWellNM Kickoff Event September 29, 2021

Presented By:

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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

NMMIP Board of Directors

Executive Office
Delta Consulting Group

- General Management of the Pool
- Program planning, and coordination
- Grievances/Appeals
- Board Support
- Clinical Care Team oversees care management program

NMMIP Administrator
Benefit Management

- Eligibility/Enrollment
- Customer Service
- Premium Administration
- Network Management
- Claims processing
- Reporting
- Coordinates with PBM and Medical Case Management

NMMIP Pharmacy Manager
Elixir

- Manages pharmacy benefits and formulary for NMMIP Regular Plan
- Manages coordination with Part D for Medicare Carve Out Plan

NMMIP Medical Case Management
CORUS

- Integrated Case Management
- Transition of Care
- Urgent Triage at home/ER Diversion
- Remote Patient Monitoring

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 over 65

**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 106% of “Standard Risk Rate”
- ▶ Low-Income Premium Program
 - ▶ Discounted premiums for those < 400% FPL

FULL PREMIUM EXAMPLES 2021

Bernalillo Co. Non-Smoker

Age	500 Deductible	1000 Deductible	2000 Deductible	5000 Deductible
0-14	\$280	\$246	\$200	\$135
20	\$356	\$312	\$254	\$171
25	\$368	\$323	\$263	\$176
35	\$448	\$393	\$320	\$215
45	\$529	\$464	\$378	\$255
55	\$818	\$717	\$584	\$393
64	\$1,100	\$965	\$785	\$529

LOW-INCOME PREMIUM PROGRAM

Qualifying Income Guidelines - 2020

Household Size	0-199% of Poverty	200-299% of Poverty	300-399% of Poverty
	75% Premium Reduction	50% Premium Reduction	25% Premium Reduction
1	\$24,855	\$37,345	\$49,835
2	\$33,651	\$50,561	\$67,471
3	\$42,447	\$63,777	\$85,107
4	\$51,243	\$76,993	\$102,743
5	\$60,038	\$90,208	\$120,378

** May Appeal for consideration of current income.*

NMMIP Network/Benefit Design

- ▶ Effective 1/1/2021, NMMIP will be changing the provider network from PHCS to the PHCS Super Primary Network. This change will broaden member's access to providers, especially those that live in border communities or need access to specialty/complex care outside the state. The current plan design is an EPO (Exclusive Provider Organization). This plan design allows access to contracted providers out of state, but only covers out of network claims in urgent, emergent or "surprise billing" circumstances. Members that are balance billed for out of network claims 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

NMMIP's Clinical Care Management

NMMIP has contracted with CORUS to provide case management to its members and some of the benefits built in to support members include:

- ▶ Integrated Intensive Care Management - Weekly rounds facilitate communication and help identify needs to manage patient care between BML and CORUS and the NMMIP Clinical Team as well third-party payors - DOH HIV/AIDS Services, Children's Medical Services, Hepatitis C and Dialysis Centers.
- ▶ Transition of care - discharge planning starts the date of admission by communication with the facility and the member.
- ▶ Urgent Triage at Home/ER Diversion - Care Services Coordinators create a care plan that addresses the member's needs, reviews the social determinants of health and communicates among the other providers involved in the member's care.
- ▶ Remote patient monitoring - supports members at home to monitor vitals, provide video/telephonic visits and decrease the need for urgent/ER visits in the future.

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

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.
- ▶ 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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