



Frequently Asked Questions (New Mexico State-based Exchange)

Below are frequently asked questions (FAQ) about the changes at beWellnm, New Mexico State-Based Exchange. The questions represent the commonly asked, grouped categories based on health insurance terminology. Click on the question for the answer to learn more on eligibility, enrollment, and financial assistance for 2022 health plans through beWellnm.

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About beWellnm

- BeWellnm is New Mexico’s state-based health insurance marketplace where you can shop for, compare plans and enroll in coverage that fits your needs and your budget.
- It’s also the only place you can apply for a premium tax credit and other subsidies to lower your monthly insurance payment. This financial help is available only to New Mexicans who buy health insurance through beWellnm.
- Beginning with plan year 2022, New Mexicans will no longer use Healthcare.gov to apply for and enroll in coverage. They will use beWellnm.com instead.

Who can use beWellnm?

- To be eligible to enroll in health coverage through beWellnm you must be lawfully present in the U.S., living in the State of New Mexico, and not incarcerated. Note: Filling out an application will not trigger any immigration investigation.

How does beWellnm work?

- Individuals and families can apply for and enroll in Marketplace health insurance online at beWellnm.com.
- BeWellnm offers a variety of plans from several private insurance companies. All plans have been certified and meet the “minimum essential coverage” requirement of the Affordable Care Act.
- Plan options and information are presented objectively, so you can shop, compare, and pick the plan that’s right for your health needs and budget.
- Individuals and families can also apply for financial assistance programs like premium tax credits, health plans with reduced cost-sharing (known as cost-sharing reductions, or CSR), and Medicaid through beWellnm.
- Enrollment assistance from a certified agent, broker, or enrollment counselor is available. Assistance is always [free](#).

Why should I buy health insurance through beWellnm?

- All health plans available through beWellnm are qualified health plans (QHPs). This means that each plan has been certified by beWellnm, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act. All qualified health plans meet the Affordable Care Act requirement for having health coverage, known as “minimum essential coverage.”
- BeWellnm is the only place where New Mexicans can get financial help like premium tax credits and cost-sharing reductions.

Will I receive information about the transition from Healthcare.gov to beWellnm.com?

- If you were enrolled in Marketplace coverage for 2021 through Healthcare.gov, you should have received a letter from the Federal Marketplace announcing the change. Your information has been transferred to beWellnm to facilitate your 2022 enrollment. You should also have received a notice from beWellnm with directions on how to set up your online account at beWellnm.com.

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Enrollment

When is Open Enrollment for 2022?

- The Open Enrollment Period for 2022 coverage is November 1 through January 15. You must enroll in a plan by January 15 for your coverage to start on January 1. If you enroll between December 24 and January 15 you can elect to start coverage effective date of January 1 or February 1. You must make your premium payment not later than January 31st. You will need to complete the [“2022 Coverage Start Date Adjustment Form”](#).

What if I miss the Open Enrollment deadline?

- Outside of Open Enrollment, you may apply for coverage through a Special Enrollment Period (SEP) if you experience a qualifying event. Examples of qualifying events include: loss of employer-based coverage, loss of other health coverage, getting married, having a baby, moving, or turning 26.
- Generally, the life event must be reported to beWellnm within 60 days of the event. Loss of minimum essential coverage can be reported 60 days prior to the event. BeWellnm may require documents proving that you qualify for the Special Enrollment Period.
- If you do not qualify for a Special Enrollment Period, you may have to wait until the next yearly Open Enrollment Period to apply for and enroll in [coverage](#).

How do I enroll?

- You can fill out an application and enroll online at [beWellnm.com](#). You can also get help from a certified agent, broker, or enrollment counselor near you. Help is always [free](#). Call our Customer Engagement Center at 1-833-862-3935 (TTY: 711) for more information.

I forgot my beWellnm ID or password and can't access my account.

- If you forget your **beWellnm ID (username)**:
 - Go to [beWellnm.com](#) and click on **Log In**.
 - Click on the **Sign In** button.
 - On the Sign In screen, click on **Forgot beWellnm ID**.
 - Enter the email address associated with your beWellnm account, then click **Next**.
 - Or, click on **“Find my beWellnm ID with other information”**
 - You will receive an email from beWellnm. Follow the directions in your email to access your account.
- If you forget your **password**:
 - Go to [beWellnm.com](#) and click on **Log In**.
 - Click on the **Sign In** button.
 - On the Sign In screen, click on **Forgot Password**.
 - Enter the email address associated with your beWellnm account, then click **Next**.
 - You will receive an email from beWellnm. Follow the directions in your email to access your account.
- If you need assistance, contact our Customer Engagement Center at 1-833-862-3935 (TTY: 711)

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What if I need help or can't enroll online on my own?

- Click here to find a certified agent, broker, or enrollment counselor near you, or call our Customer Engagement Center at 1-833-862-3935 (TTY: 711) for more information. Help is always [free](#).

What is considered annual household income?

- For most people, a household consists of the tax filer, their spouse if they have one, and their tax dependents, including those who don't need health coverage. BeWellnm counts the estimated income of all household members. Click [here](#) for more information on what to include as income.

How do I calculate my income?

- When you fill out a Marketplace application, you'll need to estimate what your household income is likely to be for the year. For most people, a household consists of the tax filer, their spouse if they have one, and their tax dependents, including those who don't need health coverage.
 - Marketplace savings are based on your **expected household income for the year you want coverage, not last year's income**. You must make your best estimate so you qualify for the right amount of savings.
 - On the application, you will be asked about your current monthly income and then about your yearly income.
- BeWellnm uses an income number called modified adjusted gross income (MAGI) to determine eligibility for savings. It's not a line on your tax return.
- Click [here](#) to learn more about how to estimate your income.

BeWellnm asked me to submit some documents. How do I do this?

- If we asked you to send us some documents (proofs) to confirm your identity or to verify the information you put on your application, you can send them in any of the following ways:
 - **Online**. The fastest, easiest way to submit any required documents is to upload them to your account on beWellnm.com. Click [here](#) for more information.
 - **By mail**. Send copies (not originals) of the documents to beWellnm, PO Box 25247, Albuquerque, NM 87125. Note that documents sent by regular mail may take much longer to process, so don't wait until the last day of eligibility to mail in your documents. Send photocopies only. Documents will not be returned.
 - **By fax**. Fax your documents to 505-216-7776.
 - **In-person**. You can hand-deliver your documents to 7601 Jefferson St NE, Ste. 120, Albuquerque, NM 87109.
- Please note that **we don't accept documents by email**.

One member of my household qualifies for a Special Enrollment Period (SEP) Can we enroll as a family during a Special Enrollment Period (SEP)?

- If one household member on the application is eligible for a Special Enrollment Period, all household members who apply for coverage on the same application are also eligible for the Special Enrollment Period.

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Can I get dental coverage without getting health coverage?

- Yes. You can buy a separate, stand-alone dental plan through beWellnm.

Communications

Can I get electronic communications from beWellnm?

- Yes. When you apply for coverage, you will have the option to choose “paperless” (electronic) as your communication preference. Electronic delivery means that you will get a text or email (whichever you choose) notification letting you know that a notice is available in your Secure Inbox in your online account.

Will beWellnm send me a renewal notice?

- If you were enrolled in Marketplace coverage for 2021 through the Federal Marketplace (Healthcare.gov), beWellnm will send you a renewal notice with an invitation link. Use that link to set up your beWellnm account. If you do not get a letter or email from beWellnm by November 22, please contact our Customer Engagement Center at 1-833-862-3935 (TTY: 711) for assistance.

Important: Do not create a new account without using the link provided, as it may slow your ability to complete the enrollment process.

Appeals

Can I appeal an eligibility determination or other decision made by beWellnm?

- If you are not happy with a decision by beWellnm, you may be able to file an appeal. Click here for more information on filing an [appeal](#).

Customer Engagement Center

Who can I call for more information?

- You can call our Customer Engagement Center at 1-833-862-3935 (TTY: 711) or visit us at beWellnm.com. The Customer Engagement Center has extended hours during Open Enrollment: Monday through Friday, 8:00 a.m. - 6:00 p.m. and Saturday, 9:00 a.m. - 2:00 p.m.

Financial Help

What are federal tax subsidies or premium tax credits?

- When you apply for coverage through beWellnm, you'll find out if you qualify for a premium tax credit that lowers your premium - the amount you pay each month for your insurance.
- Your tax credit amount is based on the income estimate and household information you put on your beWellnm application.

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- If you qualify for a premium tax credit, you can use any amount of the credit to lower your premium. This is called taking an advance payment of the premium tax credit (APTC).
 - If at the end of the year you've taken more premium tax credit in advance than you're due based on your final income, you'll have to pay back the excess when you file your federal tax return.
 - If you've taken less than you qualify for, you'll get the difference back.

I currently receive subsidies to help pay for my health coverage. Will I still get financial help through beWellnm?

- Yes. You can qualify for subsidies, like tax credits and cost-sharing reductions, if you enroll in health coverage through beWellnm. Your tax credit amount is based on the income estimate and household information you put on your beWellnm application. You should review and update, if necessary, your income and other information for 2022 to continue receiving financial help.

Employer Coverage

What are the options for my family if my employer offers me coverage?

- If you have job-based insurance and want to check out health insurance options through beWellnm, you can. However:
 - **With Marketplace plans, you get no employer contribution.** With most job-based health insurance plans, your employer pays part of your monthly premium. If you enroll in a Marketplace plan instead, the employer won't contribute to your premiums.
 - **You probably won't qualify for savings.** If you have an offer of job-based insurance, the only way you'll qualify for savings on a Marketplace plan is if your employer's insurance offer doesn't meet minimum standards for affordability and coverage. Most job-based plans meet these standards.
- Click here for more information on job-based [coverage](#).

What if the employee self-only coverage is affordable, but family coverage is not? Can the rest of the family get financial [assistance](#)?

- A job-based health plan is considered "affordable" if your share of the monthly premiums for the lowest-cost **self-only** coverage that meets the minimum value standard is less than 9.61% of your household income. The affordability threshold calculation does not include the premium required to cover your spouse or dependents. This means that you and your family members are ineligible for financial assistance through beWellnm, even if the cost of adding dependents to the employer-sponsored plan would exceed 9.61% of the family's income.

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Native American

What are the special provisions under the Affordable Care Act for Native Americans?

- American Indians and Alaska Natives (AI/ANs) have opportunities for affordable health coverage through Marketplace health insurance plans, Medicaid, and the Children's Health Insurance Program (CHIP).
- While you're not exempt from paying monthly premiums for an insurance plan you buy through beWellnm, like all Americans you may qualify for tax credits that lower your premiums based on your income.
- If you buy a Marketplace plan through beWellnm and your income is between 100% and 300% of the federal poverty level (FPL), you can enroll in a "zero cost-sharing" plan. This means you won't have to pay any out-of-pocket costs -- like deductibles, copayments, and coinsurance -- when you get care.
- If you get services from an Indian Health Care Provider, you won't have any out-of-pocket costs like copayments, coinsurance, or deductibles, regardless of your income. (This benefit also applies to Purchased and Referred Care.)
- You can enroll in a Marketplace health insurance plan any time, not just during the yearly Open Enrollment Period. You can change plans as often as once a month.
- Indian tribe members and ANCSA shareholders also have special protections and benefits under Medicaid and Children's Health Insurance Program (CHIP). These benefits include paying no premiums or out-of-pocket costs for Medicaid coverage if you qualify.

Why do I need health insurance coverage if I get services from the Indian Health Service (IHS), a tribal program, or an urban Indian health program (I/T/U)?

- When you enroll in health coverage through beWellnm or Medicaid or CHIP, you have access to services that the Indian Health Service (IHS), tribal programs, or urban Indian programs (known as I/T/Us) may not provide.
- If you enroll in a health plan through beWellnm or Medicaid or CHIP, you can still get services from your I/T/U the same way you do now. However, the I/T/U can bill your insurance plan for the services, which benefits the tribal community, allowing I/T/Us to provide more services to others.

Will I need my tribal documents when I apply for coverage?

- No. When you fill out the application you will attest that the information you are providing is accurate.

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Premium Billing

When will I receive my monthly billing statement?

- Premium billing statements are mailed on the 5th of each month for the following coverage month. If you selected “paperless” as your communication preference, you will receive a text or email notification that your statement is available online.

How will I be billed if I have both health and dental coverage?

- You will receive one statement from NMHIX that includes both health and dental premiums. You will make a single payment for both health and dental coverage.

When are my premium payments due?

- The premium payment for your first month of coverage is due by the 23rd of the month before the first coverage month (e.g., for coverage beginning January 1, 2022, the payment must be received by NMHIX no later than December 23, 2021).
- BeWellnm extended the deadline for the first premium billing coverage not later than January 31, 2022.
- All other premium payments are due the last day of the month before the month of coverage (e.g., the premium payment for April coverage is due on March 31).

Where do I send my premium payments?

- Beginning with your January 2022 coverage, you will make your premium payment directly to the New Mexico Health Insurance Exchange (NMHIX). You will no longer send your payment to your health plan and dental insurance company. You will make a single payment for both health and dental premiums.

Will I have a grace period before my coverage is terminated for non-payment?

- Yes. If NMHIX does not receive your premium payment on or before the first day of the coverage month, a grace period is triggered. The grace period is different for enrollees who receive advance payments of the premium tax credit (APTC):
 - With APTC, the grace period is 90 days
 - Without APTC, the grace period is 30 days
- If you are eligible for a premium tax credit but choose not to take the tax credit in advance, you **will not** qualify for the 90-day grace period. The 90-day grace period applies to you only if you are receiving APTC.
- Partial payments will not adjust a grace period.

Do grace periods apply to my dental coverage?

- Yes. Grace periods apply to both health and dental plans.

Will I get a notice letting me know that my premium payment is late?

- Yes. NMHIX will send you a late notice on the 1st of the month. The notice will let you know that NMHIX has not received your premium payment and that you are at risk for termination of coverage due to non-payment. The notice will include the grace period, the coverage month(s) outstanding, and the amount due. It will also include coverage months billed since your grace period started.
- If you have not paid your outstanding premiums in full at the end of the grace period, you will get a termination notice from NMHIX, letting you know that your coverage has been terminated.

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How are returned payments handled?

- NMHIX will adjust your account accordingly, will notify you of the return, and will request a replacement payment.

What happens if I overpay my premium?

- If you overpay your premium, the amount you overpaid will be applied to a subsequently billed month. If your coverage is terminated, it will be refunded to you.

Do I need to enter my banking information to set up recurring payments with NMHIX?

- Yes. You will need to provide your banking information to set up recurring payments. You can enter this information securely through your beWellnm online account. Go to “Payments” and select Recurring Payments and follow the steps to enroll in Recurring Payments.

When is the recurring payment run date?

- Recurring payments will be deducted from your account on the 18th of the month for the following coverage month.

Can I choose the day my recurring payment amount will be withdrawn from my bank account?

- No. Recurring payments are withdrawn on the 18th of each month.

Do I have to update my recurring payment information if I change plans when my coverage is renewed?

- No. If your premium or health plan changes at renewal (January 1), you do not need to update your payment information. However, you should verify that your banking information is correct at the beginning of each year.

Can I cancel or change my recurring payment once it is in place?

- Yes. You can cancel your recurring payments or change your banking information at any time.
- To cancel or update your banking information, log into your beWellnm account and go to Payments. You must make changes to your banking information before the 18th of the month for the change to take effect for the next month’s payment. Remember, if you cancel your recurring payments, you will need to make monthly one-time payments.

Will my recurring payment amount change?

- Changes to your policy, such as changes to your household or income, can cause your premium to change. A change to your premium will take effect in the next billing cycle and the new premium will be withdrawn with the next recurring payment cycle.

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How do I get help if I have a question about a payment or statement?

- You can call our Customer Engagement Center at 1-833-862-3935, and select the option for Premium Billing, Monday through Friday, 8:00 a.m. to 5:00 p.m. MT.

Is there a fee to pay my premium online?

- No. New Mexico Health Insurance Exchange provides this service at no cost.

Can I view and print my statements online?

- Yes. Log into your online account at beWellnm.com and go to “Payments” to view your payment history and print your billing statements.

What if I already made a premium payment to my carrier for 2022 coverage?

- Premium payments made directly to the carrier for 2022 coverage will be refunded to you by the carrier.

Can I pay only my dental plan premium or do I have to pay both health and dental?

- You must pay both health and dental premiums to be considered paid in full.

How do I change my billing address?

- Log into your beWellnm online account and select “My Profile.” Any changes you make are effective immediately. You can also call our Customer Engagement Center at 1-833-862-3935 (TTY: 711), Monday through Friday, 8:00 a.m. to 5:00 p.m. MT to make this change.

Short Term Plans

When should I consider short-term health insurance?

- Short-term medical insurance, also called “Temporary” health insurance or “Term” health insurance, can provide a temporary solution to help fill gaps in coverage. Consider short-term coverage if you’re:
 - Between jobs
 - Waiting for other coverage to begin
 - Waiting to be eligible for Medicare coverage
 - Without health insurance and outside of beWellnm’s yearly Open Enrollment Period

Does short-term health insurance provide coverage for pre-existing conditions?

- No. In most cases, short-term limited duration plans do not cover pre-existing conditions.

Can I get a tax subsidy to help pay for my short-term health insurance plan?

- No. Under the Affordable Care Act, short-term plans do not qualify for tax subsidies.

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Miscellaneous

Where can I get help with my 2021 coverage?

- For changes, questions, or issues related to your 2021 coverage, visit the Federal Marketplace at Healthcare.gov or call 1-800-318-2596.

Can I voluntarily terminate my coverage?

- You may voluntarily terminate your health insurance coverage for any reason at any time. However, if you voluntarily terminate, you are not eligible to re-enroll in coverage through beWellnm until the next Open Enrollment Period unless you qualify for a Special Enrollment Period, or are an American Indian or Alaska Native.

What is health insurance?

- Health insurance is a legal entitlement to payment or reimbursement for your health care costs, generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicaid or Medicare.

Am I still required to have health insurance? Is there still a tax penalty?

- Starting with the 2019 plan year, the Shared Responsibility Payment (sometimes called the "penalty," "fine," or "individual mandate") no longer applies. This means you won't owe a fee on your federal tax return if you don't have health insurance.

Will the 2018 *California v. Texas* (*Texas v. Azar*) case affect my coverage?

- No. The 2018 case of *California v. Texas* was a lawsuit seeking to overturn the Affordable Care Act. The U.S. Supreme Court dismissed the case in June 2021.

Can agents and brokers help me enroll in a plan with a carrier for which they are not appointed?

- Yes, agents and brokers who are certified through beWellnm are required to help you understand all of your health plan options. They can help you enroll in a health or dental plan with any of the carriers' selling plans through beWellnm, even if they are not associated with that particular carrier. We recommend that you ask the broker if they represent all participating Marketplace carriers. [Click here](#) to find an agent or broker in your area.

If I enroll in a plan with a different carrier for 2022, may I continue with my current provider?

- Maybe. You will need to verify that your current and/or preferred providers are part of your new plan's network.

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How do I transition my care for a chronic medical condition?

- If you enroll in a plan with a different carrier for 2022, you will need to work with your new plan to make sure they understand your current treatment plan. They will need to coordinate your transition of care needs with the providers participating in their network. Please contact your new carrier for more information on the transition of care process and guidelines.

My doctor has prescribed a medication to help me manage my health condition. How do I make sure that I continue to receive this medication?

- If you enroll in a new plan, you will need to verify that your medication is part of the new carrier's formulary (prescription drug list).

What do military veterans need to know?

- If you're enrolled in (or are a beneficiary of) any of the programs listed below, you're considered to have qualifying health coverage under the health care law. This means you don't need to get additional coverage.
 - Veterans' health care program
 - VA Civilian Health and Medical Program (CHAMPVA)
 - Spina bifida health care benefits program
 - TRICARE
- If you're a veteran who **isn't** enrolled in VA benefits or other veterans' health coverage, you can get coverage through beWellnm.

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