beWellnm Board Meeting

January 27, 2023

CNM Workforce Training Center - 5600 Eagle Rock Ave NE, Albuquerque, NM 87113

To attend digitally / telephonically Dial-In: 1-415-655-0001 Access Code: 2557 117 8467#

**Board meeting web link** 



NEW MEXICO HEALTH INSURANCE EXCHANGE



## 1. Welcome, Roll Call, & Confirmation of Quorum



#### 2. Approval of Agenda



# 3. Approval of Minutes of the November 10, 2022 and the November 18, 2022 beWellnm Board Meetings



#### 4. Chairman's Remarks



#### 5. Matters from the CEO

**Bruce Gilbert** 





#### **CEO Update**



- Introduction of Alex Sanchez, (incoming) Director of Communications
- Q1 Strategic Roadmap Overview
- Open Enrollment Review
  - OE, by the numbers
  - Outreach and Marketing review
- 1095A Forms
- Federal Updates
  - Notice of Benefit and Payment Parameters rulemaking
  - End of the Medicaid Continuous Coverage Requirement

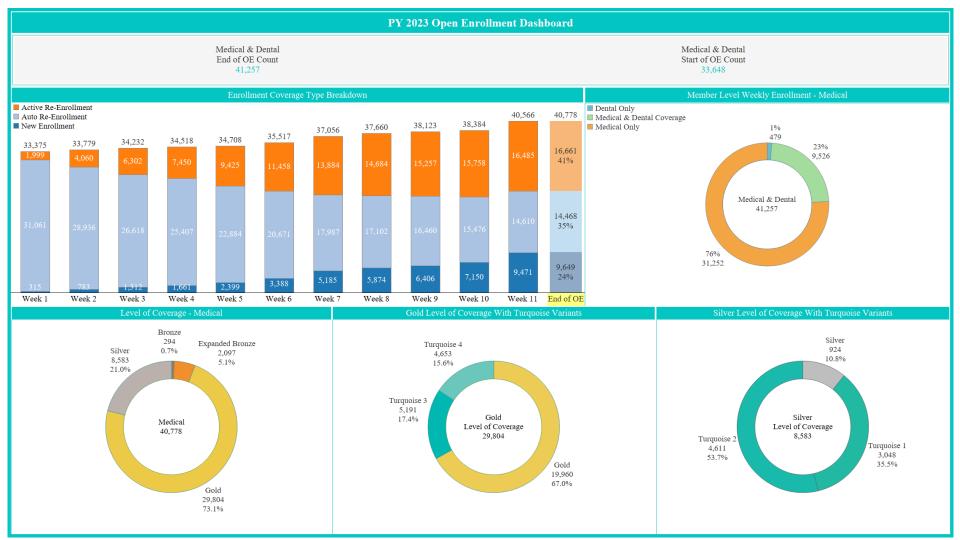
Presentation 1



#### **Open Enrollment Overview**

- 40,778 enrolled in Medical plans\*
  - 21.4% increase from the start of open enrollment (33,601)
  - 24% are new enrollees
  - 43% enrolled in a Turquoise Plan (17,503)
  - For comparison, January 2022 enrollment was 30,873; February 2022 was 33,637.
- 29% have a \$0 plan
- 37% of plans cost less than \$10/month
- NM Premium Assistance (from HCAF) providing \$409,000/month in additional subsidies to New Mexicans, reducing monthly premiums by \$26 (on average, for those receiving the subsidy)

\* includes members in 656 policies for which the binder payment has not been made yet ('plan selections')





| PY 2023 OE Dashboard - Average Subsidy & Premium     |                                     |                       |   |                                   |                                   |                         |     |  |  |
|--|-------------------------------------|-----------------------|---|-----------------------------------|-----------------------------------|-------------------------|-----|--|--|
| Avg. APTC (PMPM) Avg. NMPA \$536.8 \$25.9            |                                     | <sup>2</sup> A (PMPM) |   |                                   | AI/AN Avg. NAPA (PMPM)<br>\$22.42 |                         |     |  |  |
|  |                                     |                       |   | verage Premium and Subsidy (PMPM) |                                   |                         |     |  |  |
| Avg. Gross Premium (PMPM)                            | Avg. APTC (PMPM)                    | Avg. NMP.             | A (PMPM)                                  |                                   | Avg. Net Premium (PM              | Avg. Net Premium (PMPM) |     |  |  |
| \$626.95   | \$536.8                             | \$12                  | 2.84 \$0.08                               |                                   |                                   |                         |     |  |  |
|  |                                     | Net Premium           | After Subsidy                             |                                   |                                   |                         |     |  |  |
| \$0 Medical After Subsidies 11,870 29%               |                                     |                       | \$50 & Under after Subsidies  19,621  48% |                                   |                                   |                         |     |  |  |
|  | er Subsidies Breakdown - Medical    |                       |   |                                   | Net Premium Medical -Plan         | Level                   |     |  |  |
| APTC APTC + NAPA APTC + NMPA APTC + NMPA + NAPA NMPA |                                     |                       | \$0                                       |                                   | 9,273                             |                         | 31% |  |  |
| No Subsidy  No Subsidy  9,069 22,24%                 |                                     |                       | \$0.01 - \$5                              | 872 3%                            |                                   |                         |     |  |  |
|  |                                     |                       | \$5.01 - \$10                             | 903 3%                            |                                   |                         |     |  |  |
| NMPA<br>50<br>0.12%                                  | APTC<br>15,939<br>39,09%<br>40,778  |                       | \$10.01 - \$50                            | 3,252                             | 11%                               |                         |     |  |  |
| APTC + NMPA + NAPA<br>51<br>0.13%                    | Consumers Enrolled<br>in<br>Medical |                       | \$50.01 - \$100                           | 2,168                             | 7%                                |                         |     |  |  |
|  | APTC + NAPA 68                      |                       | \$100.01 - \$500                          |                                   | 8,881                             |                         | 30% |  |  |
| APTC + NI<br>15,601<br>38.26%                        |                                     | \$501 - \$1,000       | 3,348                                     | 11%                               |                                   |                         |     |  |  |
|  |                                     |                       | \$1001 - \$2000                           | 1,085 4%                          |                                   |                         |     |  |  |
|  |                                     |                       | Above \$2000                              | 46 0%                             |                                   |                         |     |  |  |

#### **Customer Engagement Center Calls**



| Week          | Total Handled<br>Calls | Avg. Wait<br>Time (mins) | Avg. Handle<br>Time | Abandoned Calls | Queue to Call<br>Back |
|---------------|------------------------|--------------------------|---------------------|-----------------|-----------------------|
| 11/1 – 11/5   | 2,583                  | 0.5                      | 9.9                 | 19              | 23                    |
| 11/7 – 11/12  | 2,408                  | 0.4                      | 9.4                 | 14              | 23                    |
| 11/14 – 11/19 | 3,242                  | 0.4                      | 8.2                 | 10              | 31                    |
| 11/21 – 11/26 | 1,378                  | 0.1                      | 8.2                 | 0               | 4                     |
| 11/28 – 12/3  | 2,739                  | 0.3                      | 9.5                 | 3               | 20                    |
| 12/5 – 12/10  | 2,671                  | 0.2                      | 9.7                 | 2               | 30                    |
| 12/12 – 12/17 | 3,999                  | 0.3                      | 8.9                 | 9               | 67                    |
| 12/19 – 12/23 | 2,100                  | 0.3                      | 9.4                 | 3               | 19                    |
| 12/26 – 12/31 | 1,722                  | 0.3                      | 9                   | 1               | 21                    |
| 1/3 – 1/7     | 2,023                  | 0.2                      | 9.3                 | 2               | 16                    |
| 1/9 – 1/15    | 4,405                  | 0.4                      | 8.5                 | 40              | 175                   |
| Total         | 28,270                 | 0.3                      | 9.1                 | 103             | 429                   |



#### **Premium Billing Calls**



| Week          | Total Handled<br>Calls | Avg. Wait Time<br>(mins) | Avg. Handle<br>Time | Abandoned<br>Calls | Queue to<br>Call Back |  |
|---------------|------------------------|--------------------------|---------------------|--------------------|-----------------------|--|
| 11/1 – 11/5   | 462                    | 0.6                      | 6.7                 | 7                  | 27                    |  |
| 11/7 – 11/12  | 459                    | 2.5                      | 8.6                 | 16                 | 39                    |  |
| 11/14 – 11/19 | 576                    | 1.8                      | 8.1                 | 55                 | 110                   |  |
| 11/21 – 11/26 | 325                    | 0.7                      | 6.8                 | 6                  | 4                     |  |
| 11/28 – 12/3  | 753                    | 1.0                      | 7.3                 | 31                 | 76                    |  |
| 12/5 – 12/10  | 701                    | 1.3                      | 8.9                 | 46                 | 75                    |  |
| 12/12 – 12/17 | 955                    | 2.2                      | 7.5                 | 67                 | 230                   |  |
| 12/19 – 12/23 | 874                    | 1.8                      | 8.2                 | 50                 | 137                   |  |
| 12/26 – 12/31 | 498                    | 5.2                      | 8.9                 | 88                 | 133                   |  |
| 1/3 – 1/7     | 642                    | 3.2                      | 9.8                 | 16                 | 46                    |  |
| 1/9 – 1/15    | 878                    | 1.9                      | 11.1                | 55                 | 0                     |  |
| Total         | 7,123                  | 2.0                      | 8.3                 | 437                | 877                   |  |



#### **Escalation Center Calls**



| Week          | Total Handled<br>Calls | Avg. Wait Time<br>(mins) | Avg. Handle Time | Abandoned Calls | Voice<br>Mail |
|---------------|------------------------|--------------------------|------------------|-----------------|---------------|
| 11/1 – 11/5   | 138                    | 1.8                      | 18.7             | 9               | 43            |
| 11/7 – 11/12  | 123                    | 6.2                      | 20.9             | 8               | 30            |
| 11/14 – 11/19 | 235                    | 7.1                      | 13.0             | 26              | 113           |
| 11/21 – 11/26 | 102                    | 2.2                      | 15.5             | 4               | 25            |
| 11/28 – 12/3  | 224                    | 2.9                      | 17.0             | 9               | 43            |
| 12/5 – 12/10  | 196                    | 2.1                      | 20.1             | 4               | 42            |
| 12/12 – 12/17 | 307                    | 2.9                      | 18.9             | 14              | 117           |
| 12/19 – 12/23 | 186                    | 1.5                      | 20.5             | 9               | 34            |
| 12/26 – 12/31 | 191                    | 1.9                      | 21.8             | 6               | 32            |
| 1/3 – 1/7     | 306                    | 3.0                      | 19.8             | 14              | 69            |
| 1/9 – 1/15    | 568                    | 2.5                      | 18.1             | 19              | 172           |
| Total         | 2,576                  | 3.1                      | 18.6             | 122             | 720           |





### Outreach and Marketing for OE



- Events
- Social Media
- Appointment Tool

TV

Text/Email

Word of mouth/ Other/ Flyer

Website

Event Attendee

Outcomes 



#### Appointment Scheduling Tool



| Canceled Appointment 508  |
|---------------------------|
| Returning Consumers 1,571 |
|                           |
| Self-Scheduled 2,973      |
|                           |
| Unreported<br>993         |
| Verification Pending      |
|                           |
|                           |

- NM Assisters profiles: 201 of 364 NM assisters
- Prime scheduling dates:
  - Oct. 17, Oct. 31, Nov. 1, Nov. 3, and Nov. 7
- Popular timeslots:
  - Mornings: 10am and 11am
  - Afternoons: 1pm, 2pm and 3pm
- Outreach campaigns focused on individuals that started an application on the beWellnm website but didn't take any action.
- Sent 69,233 emails and 66,871 text messages about events near them.
- Emphasized affordability -- Turquoise Plans, NM Premium Assistance, making their health insurance more affordable than ever!

- Opportunities for continued improvements: Update data on unreported outcomes
- Increased participation of brokers with utilizing API to connect their calendars



#### Open Enrollment Social Media Posts



Top performing and engaging post shared with consumers, communities & partners.













### 1095A Update



NEW MEXICO HEALTH INSURANCE EXCHANGE





#### Form 1095A Production and Process

- Form 1095-A provides consumers with information about their health coverage so they can file their taxes and reconcile their premium tax credit.
- Sending about 31,500 1095A forms
- Printing and mailing underway; required to send by January 31.
  - Call center and escalation teams prepared to assist customer with questions
  - Conducting outreach to households for whom corrected forms will be issued
- Correction and Void process will run every two weeks
- Tracking production against some new metrics, e.g.:
  - <=2% error rate due to technical reasons</p>
  - <=7% of forms require correction and reissuance to customers</p>





### Notice of Benefit and Payment Parameters

- Released December 12, 2022; comments due on January 30, 2023.
- System analysis in progress; some initial key components that may have some system and customer impacts for SBMs include:
  - Reimplementation of the 'consequences' loss of APTC for Failure to File and Reconcile taxes.
     IRS will be sending new 'flag' when a tax filer has failed to reconcile for two consecutive years.
  - Changes to allow attestation of income by consumers when no data is available from the IRS data hub.
  - Flexibilities for changing hierarchies for Auto-reenrollment e.g., allowing bronze-to-silver plan mapping.
  - Tracking payment error rates. Propose to establish and implement a required Improper Payment Pre-Testing and Assessment (IPPTA) program in calendar years 2024 - 2025.
- <a href="https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2024-proposed-rule">https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2024-proposed-rule</a>



## 6. Matters from the Executive Committee

Chairman Shaw



### Legislative Update

Al Park of Park & Associates



## 7. Matters from the Finance Committee

Brandon Fryar, Treasurer



### **KPMG Contract Extension**

affordable health insurance options.





#### **KPMG Extension**

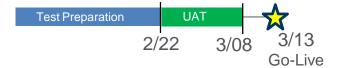
- KPMG contract initially set to run through February.
- Given size and scope of March and August release, negotiated a contract extension, with end date in September.
- Extension captures additional releases, and still includes support for beWellnm's establishment of permanent testing capability.
- Request Board approval for an extension and increase of \$748,981.



#### Release and Testing Timeframes



#### 2.7 March Release











#### Motion for KPMG Contract Extension



#### **Motion for Consideration:**

Move that the Board authorize the CEO extend the KPMG contract through September 2023, with an increase in the not-to-exceed (NTE) amount of \$748,981 for user acceptance testing and related services.

#### **2023 Carrier Assessments**

affordable health insurance options.





#### **New Mexico Health Insurance Exchange**

#### 2023 Assessment Allocation Based on 2021 Market Share

Source: NAIC Statutory Financial Statement filings for Year Ended 12/31/2021

| NAIC# | INSURANCE COMPANY                                | Comprehensive<br>(Hospital &<br>Medical) | Medicaid<br>Premium | Total Direct<br>Written Premium<br>Sbj to Assessment | 2021<br>Market<br>Share | 2023 Assessment<br>Allocation<br>(based on 2021<br>Market Share) | Reserve<br>Assessment | 2023 Assessment |
|-------|--|--|---------------------|--|-------------------------|--|-----------------------|-----------------|
|       |  |  |                     | -  | %                       | \$ 28,088,033  |                       | \$ 28,088,033   |
| 11504 | PRESBYTERIAN INSURANCE COMPANY                   | \$ 67,712,947                            | \$ -                | \$ 67,712,947  | 0.99%                   | \$ 277,386   |                       | \$ 277,386      |
| 16281 | TRUE HEALTH New Mexico - estimated               | 6,125,000                                | -                   | 6,125,000  | 0.09%                   | 25,091   |                       | 25,091          |
| 16351 | Ambetter/Western Sky Community Care (CENTENE)    | 1,879,536                                | 555,113,045         | 556,992,581  | 8.12%                   | 2,281,720  |                       | 2,281,720       |
| 60054 | AETNA LIFE INSURANCE COMPANY                     | 42,502,725                               |                     | 42,502,725   | 0.62%                   | 174,112  |                       | 174,112         |
| 62308 | Connecticut General Life Insurance Company       | 12,802                                   |                     | 12,802   | 0.00%                   | 52   |                       | 52              |
| 65498 | NY Life: Life Insurance Company of North America | 8,711,940                                |                     | 8,711,940  | 0.13%                   | 35,688   |                       | 35,688          |
| 67369 | CIGNA HEALTH AND LIFE INSURANCE CO               | 63,437,746                               |                     | 63,437,746   | 0.93%                   | 259,873  |                       | 259,873         |
| 70670 | HEALTH CARE SERVICE CORPORATION                  | 366,657,865                              |                     | 366,657,865  | 5.35%                   | 1,502,014  |                       | 1,502,014       |
| 78611 | HCSC INSURANCE SERVICES COMPANY                  | -  | 2,248,480,185       | 2,248,480,185  | 32.79%                  | 9,210,898  |                       | 9,210,898       |
| 79413 | UNITEDHEALTHCARE INSURANCE COMPANY               | 411,296,347                              |                     | 411,296,347  | 6.00%                   | 1,684,875  |                       | 1,684,875       |
| 95330 | PRESBYTERIAN HEALTH PLAN INC                     | 95,804,178                               | 2,883,475,565       | 2,979,279,743  | 43.45%                  | 12,204,618   |                       | 12,204,618      |
| 95739 | MOLINA HEALTHCARE OF NEW MEXICO INC              | 105,383,817                              | -                   | 105,383,817  | 1.54%                   | 431,705  |                       | 431,705         |
|       |  |  |                     |  |                         |  |                       |                 |
|       |  |  |                     |  |                         |  |                       |                 |
|       | TOTAL  | \$ 1,169,524,903                         | \$ 5,687,068,795    | \$ 6,856,593,698                                     | 100.0%                  | \$ 28,088,033  | \$ -                  | \$ 28,088,033   |



## 8. Matters from the Outreach and Education Committee

Mark Epstein, Chair



## 9. Matters from the Operations Committee

Dan Foley, Chair



## 10. Matters from the Native American Committee

Sharon Clahchischilliage, Chair



### **Topics**

- Native American Advisory Committee
- Enrollment Update
- Outreach and Events
- Marketing

Affordable health insurance



### Native American Advisory Committee



#### Native American Advisory Committee

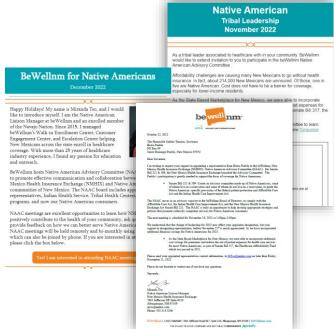


#### November 2022 Meeting

- Emailed letter to 2022 Tribal Leadership Administration for representation
  - Pueblo of Nambe
- Meeting notification sent via our November 2022 newsletter
  - Tribal Leadership
  - Tribal Organizations & Programs
  - Consumers

#### Attendees:

- Jicarilla Apache Nation
- Indian Health Service:
  - · Taos/Picuris Health Center
- Tribal 638 Health Centers
  - Santo Domingo Health Center
  - Laguna Community Health Center
- Qualified Health Plans
  - Blue Cross Blue Shield of New Mexico
  - Presbyterian Health Plan





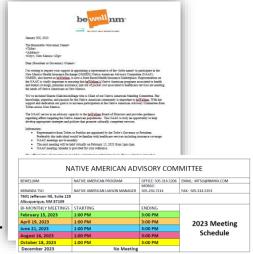




#### 2023 Recruitment Letters

- Sent to Tribal leadership on 1/19/2023
- February 2023 newsletter
  - Indian Health Service & Tribal Health Centers
  - Tribal Organizations & Programs

Next Meeting: February 15, 2023 at 1:00-3:00pm



| JA | NU. | AR |    |    |    |    | F  | BRI | JAS | ŧΥ |    |    |    | М  | ARC | н  |    |    |    |    | AF | RIL |    |    |    |    |    | M  | λY  |     |    |    |    |    | JL | NE |     |    |    |    |    |
|----|-----|----|----|----|----|----|----|-----|-----|----|----|----|----|----|-----|----|----|----|----|----|----|-----|----|----|----|----|----|----|-----|-----|----|----|----|----|----|----|-----|----|----|----|----|
| s  | М   | т  | w  | т  | F  | 5  | s  | м   | т   | w  | т  | F  | S  | s  | м   | т  | w  | т  | F  | 5  | S  | м   | т  | w  | т  | F  | S  | s  | м   | т   | w  | т  | F  | S  | 5  | м  | т   | w  | т  | F  | 5  |
| 1  | 2   | 3  | 4  | 5  | 6  | 7  |    |     |     | 1  | 2  | 3  | 4  |    |     |    | 1  | 2  | 3  | 4  |    |     |    |    |    |    | 1  |    | 1   | 2   | 3  | 4  | 5  | 6  |    |    |     |    | 1  | 2  | 3  |
| 8  | 9   | 10 | 11 | 12 | 13 | 14 | 5  | 6   | 7   | 8  | 9  | 10 | 11 | 5  | 6   | 7  | 8  | 9  | 10 | 11 | 2  | 3   | 4  | 5  | 6  | 7  | 8  | 7  | 8   | 9   | 10 | 11 | 12 | 13 | 4  | 5  | 6   | 7  | 8  | 9  | 10 |
| 15 | 16  | 17 | 18 | 19 | 20 | 21 | 12 | 13  | 14  | 15 | 16 | 17 | 18 | 12 | 13  | 14 | 15 | 16 | 17 | 18 | 9  | 10  | 11 | 12 | 13 | 14 | 15 | 14 | 15  | 16  | 17 | 18 | 19 | 20 | 11 | 12 | 13  | 14 | 15 | 16 | 1  |
| 22 | 23  | 24 | 25 | 26 | 27 | 28 | 19 | 20  | 21  | 22 | 23 | 24 | 25 | 19 | 20  | 21 | 22 | 23 | 24 | 25 | 16 | 17  | 18 | 19 | 20 | 21 | 22 | 21 | 22  | 23  | 24 | 25 | 26 | 27 | 18 | 19 | 20  | 21 | 22 | 23 | 2  |
| 29 | 30  | 31 |    |    |    |    | 26 | 27  | 28  |    |    |    |    | 26 | 27  | 28 | 29 | 30 | 31 |    |    | 24  | 25 | 26 | 27 | 28 | 29 | 28 | 29  | 30  | 31 |    |    |    | 25 | 26 | 27  | 28 | 29 | 30 |    |
|    |     |    |    |    |    |    |    |     |     |    |    |    |    |    |     |    |    |    |    |    | 30 |     |    |    |    |    |    |    |     |     |    |    |    |    |    |    |     |    |    |    |    |
| J  | JLY |    |    |    |    |    | Al | JGL | ST  |    |    |    |    | SE | PTE | МВ | ER |    |    |    | 00 | TC  | BE | 8  |    |    |    | N  | OVE | мва | ER |    |    |    | DE | CE | мве | R  |    |    |    |
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| 2  | 3   | 4  | 5  | 6  | 7  | 8  | 6  | 7   | 8   | 9  | 10 | 11 | 12 | 3  | 4   | 5  | 6  | 7  | 8  | 9  | 8  | 9   | 10 | 11 | 12 | 13 | 14 | 5  | 6   | 7   | 8  | 9  | 10 | 11 | 3  | 4  | 5   | 6  | 7  | 8  | 5  |
| 9  | 10  | 11 | 12 | 13 | 14 | 15 | 13 | 14  | 15  | 16 | 17 | 18 | 19 | 10 | 11  | 12 | 13 | 14 | 15 | 16 | 15 | 16  | 17 | 18 | 19 | 20 | 21 | 12 | 13  | 14  | 15 | 16 | 17 | 18 | 10 | 11 | 12  | 13 | 14 | 15 | 1  |
| 16 | 17  | 18 | 19 | 20 | 21 | 22 | 20 | 21  | 22  | 23 | 24 | 25 | 26 | 17 | 18  | 19 | 20 | 21 | 22 | 23 | 22 | 23  | 24 | 25 | 26 | 27 | 28 | 19 | 20  | 21  | 22 | 23 | 24 | 25 | 17 | 18 | 19  | 20 | 21 | 22 | 2  |
| 23 | 24  | 25 | 26 | 27 | 28 | 29 | 27 | 28  | 29  | 30 | 31 |    |    | 24 | 25  | 26 | 27 | 28 | 29 | 30 | 29 | 30  | 31 |    |    |    |    | 26 | 27  | 28  | 29 | 30 |    |    | 24 | 25 | 26  | 27 | 28 | 29 | 3  |
|    | 31  |    |    |    |    |    |    |     |     |    |    |    |    |    |     |    |    |    |    |    |    |     |    |    |    |    |    |    |     |     |    |    |    |    | 31 |    |     |    |    |    |    |

## **Enrollment Update**



## 

Native American Population

| NATIVE AMERICAN BY TRIBE                | NATIVE AMERICAN BY TRIBE                |  |     |   |  |  |  |  |  |
|---|---|--|-----|---|--|--|--|--|--|
| Note: Only Native Americans with        | a Tribal affiliati                      | on qualify for Native American Plans and Subsidies.    |     |   |  |  |  |  |  |
| Top 10 Tribes by Consumers - All States | Top 10 Tribes by Consumers - All States |  |     |   |  |  |  |  |  |
| NM NAVAJO NATION                        | 220                                     | NM NAVAJO NATION                                       | 220 |   |  |  |  |  |  |
| OK CHOCTAW NATION OF OKLAHOMA           | 42                                      | NM PUEBLO OF LAGUNA                                    | 34  |   |  |  |  |  |  |
| OK CHEROKEE NATION                      | 38                                      | NM PUEBLO OF ACOMA                                     | 22  |   |  |  |  |  |  |
| NM PUEBLO OF LAGUNA                     | 34                                      | NM PUEBLO OF ISLETA                                    | 19  |   |  |  |  |  |  |
| NM PUEBLO OF ACOMA                      | 22                                      | NM PUEBLO OF JEMEZ                                     | 18  |   |  |  |  |  |  |
| NM PUEBLO OF ISLETA                     | 19                                      | NM ZUNI TRIBE OF THE ZUNI RESERVATION                  | 15  |   |  |  |  |  |  |
| NM PUEBLO OF JEMEZ                      | 18                                      | NM MESCALERO APACHE TRIBE OF THE MESCALERO RESERVATION | 12  |   |  |  |  |  |  |
| NM ZUNI TRIBE OF THE ZUNI RESERVATION   | 15                                      | NM PUEBLO OF SANTA CLARA                               | 11  |   |  |  |  |  |  |
| OK THE MUSCOGEE CREEK NATION            | 15                                      | NM PUEBLO OF TAOS                                      | 10  |   |  |  |  |  |  |
| OK CHICKASAW NATION                     | 14                                      | NM JICARILLA APACHE NATION                             | 8   | , |  |  |  |  |  |

## **Outreach and Events**





## **Outreach and Events**

- Presentation with All Pueblo Council of Governors
  - February 2023
- Eight Northern Indian Pueblos Council, Inc.
   & Albuquerque Area Indian Health Service
  - Presentation scheduled for February 21, 2023
- Northern Navajo Medical Center









- I.H.S.- Santa Fe Service Unit Meeting
  - Helena Burbank, CFO
    - 'Uninsured' Native American Report pulled
      - 1,568 total
    - beWellnm in partnership with Lorraine Y. Chavez Agency will set up an enrollment event
- Tribal Enrollment Events
  - Santo Domingo Health Center
    - Starting 2/1/23, weekly
  - Laguna Community Health Center
    - Started 1/19/23, bi-weekly
  - Working with other Pueblos: Isleta, Nambe, Zia
     Santa Ana, San Felipe, San Ildefonso, Taos/Picuris
     & Jicarilla Apache Nation







## Marketing





## Marketing

Updated Native American tri-fold to utilize for

- Tribal Leadership
- Tribal Organizations
- Tribal Programs
- Community Partners

Other flyers are in the process of being updated and will be posted on our website.







# be well nm

#### Native American campaigns

- Newsletters
  - Tribal Leadership
  - Tribal Organizations
  - Tribal Consumers
- Social Media
  - Facebook- beWellnm for Native Americans





## Marketing

- Radio
  - KUNM- Native American
     Calling & Singing Wire
  - KYAT FM- Gallup & Grants
  - KGAK AM- Gallup & Grants
  - KNDN AM- Farmington
  - KZRR FM- Albuquerque

- Print
  - Gallup Independent
  - Navajo Times (Navajo Nation)
  - San Juan Sun (Farmington)

We are looking to increase our print advertisements for Native American newspapers, newsletters and social media.



# 11. Matters from the Health Benefits Committee

Colin Baillio, NM Office of the Superintendent of Insurance





## Standardized Health Plans



- HB 100 passed during the 2020 legislative session
- The law authorizes beWellnm's Board of Directors to adopt standardized health plans
  - Standardized health plans are plans offered by all insurers in a market that have the same out-of-pocket cost (AKA "cost sharing") design.
  - 8 states, Washington DC, and Healthcare.gov require standardized plans
- beWellnm Plan of Operation requires Board to adopt any requirements during the January board meeting



## rs? be well nm

## How could standardized health plans help consumers? bewell nm

- Allow consumers to do "apples-to-apples" plan comparisons
- Improve cost predictability
  - Use fixed co-pays instead of coinsurance
  - Minimize services subject to deductible
- Reduce out-of-pocket costs for high-value services, like primary care



## beWellnm Health Benefits Committee



- Created by the Board in 2020
- Over 2+ years the committee developed priorities, reviewed standardized plans offered in other states, requested and incorporated input from stakeholders, and proposed plan designs
- Public comment period required by Plan of Operation closed on January 13, 2023
  - Committee incorporated feedback and responded to all comments in writing
- The Committee proposes that the board adopt Standardized Health Plans for the 2024 Plan Year







- Key features
  - Adopt 1 Silver plan, 1 Gold plan, and Turquoise variants for those plans
  - Improve cost predictability by minimizing services subject to deductible and only using co-pays
  - Categorize co-pay amounts in lower/medium/higher amounts, with services like primary care having the lowest costs
- The Committee will continuously evaluate and refine plan designs each year to meet consumer needs and welcomes engagement from the public and stakeholders





## Standardized Health Plans - Motion

**Proposed Motion:** Move that the Board establish the standardized health plan designs and requirements proposed by the beWellnm Health Benefits Committee.

## 12. Update on the Medicaid Unwinding Process and Communications Plan

Lorelei Kellogg, Deputy Director, MAD/HSD Brent Earnest, COO, beWellnm









## MEDICAID UPDATES

INVESTING FOR TOMORROW, DELIVERING TODAY.

#### BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo 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.



Evening drive through Corrales, NM in October 2021. By HSD Employee, Marisa Vigil

#### PUBLIC HEALTH EMERGENCY EXTENSION TIMELINE



- https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx
- Secretary Azar first declared COVID-19 a nationwide public health emergency (PHE) on January 27,
   2020, utilizing his authority under Sec. 319 of the Public Health Service Act.
- Letter from CMS on extension: "To assure you of our commitment to the ongoing response, we have determined that the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination" (May 11, 2023)
- CURRENT GUIDANCE 8/13/21: states have up to 12 months from end of PHE to roll off MOE population



### CONSOLIDATED APPROPRIATIONS ACT OF 2023

#### **DETAILS OF THE ACT**

12/23/2022 - Congress passed the \$1.7 trillion "Consolidated Appropriations Act of 2023" — or omnibus bill

Decouples Medicaid continuous enrollment requirement (MOE) and 6.2% FMAP enhancement from the declared COVID-19 Public Health Emergency.

The MOE ends on 3/30/2023. Closures may occur as early as 4/1/2023.

Permits CMS greater enforcement tools (e.g., corrective actions, authority to stop states from terminating coverage, CMPs of \$100,000 per day of noncompliance).

#### STATES MUST DO THE FOLLOWING

Adhere to timeliness requirements during this transition period. (awaiting guidance)

Make good faith efforts to have up-to-date contact information for Medicaid members.

 Coverage terminations on the basis of returned mail are not permitted unless a contact attempt has been made through at least one other modality.

Be compliant with federal Medicaid eligibility requirements, update beneficiary contact information, and make concerted

Publicize a monthly report to inform CMS and stakeholders on the progression of their PHE unwinding efforts.

 Failure to do so will be subject to a FMAP matching rate penalty beginning in July 2023.

## SEC. 5131: TRANSITIONING FROM MEDICAID FMAP INCREASE REQUIREMENTS

THIS SECTION DECOUPLES THE MEDICAID CONTINUOUS ENROLLMENT REQUIREMENT AND THE 6.2 PERCENTAGE POINT FMAP ENHANCEMENT FROM THE DECLARED COVID-19 PUBLIC HEALTH EMERGENCY. INSTEAD, THE FOLLOWING APPLIES:

- The continuous enrollment requirement ends on 3/30/2023. Redeterminations may begin on 4/1/2023.
- 4/1/2023 12/31/2023 is defined as the transition period.
   FMAP levels described are available to Medicaid programs so long as the adhere to certain requirements during this transition period.
- Medicaid programs must make good faith efforts to have up-to-date contact information for Medicaid members.
   Coverage terminations on the basis of returned mail are not permitted unless a contact attempt has been made through at least one other modality.

FMAP ENHANCEMENTS ARE PHASED OUT THROUGHOUT 2023 ON THE FOLLOWING BASIS:





## SEC. 5131: TRANSITIONING FROM MEDICAID FMAP INCREASE REQUIREMENTS - CONTINUED

#### REPORTING REQUIREMENTS

- From 4/1/2023 6/30/2024, Medicaid programs must report certain data elements to HHS on a monthly basis. This data will be made publicly available. Elements include:
  - number of redeterminations initiated,
  - total renewals,
  - number of ex parte renewals,
  - terminations,
  - number of procedural terminations,
  - number of CHIP enrollments,
  - Exchange metrics (including account transfers, number of individuals found eligible for a QHP, and number of individuals selecting a QHP), and
  - call center metrics (including volume, average wait times, and average abandonment rates).

#### CMS ENFORCEMENT

- Medicaid programs not in compliance with reporting requirements will have an FMAP penalty applied, not to exceed one percentage point, calculated at 0.25 times the number of fiscal quarters in which the Medicaid program was noncompliant.
- From 4/1/2023 6/30/2024, HHS is granted additional corrective action plan enforcement authority. If HHS deems a state to not be compliant with federal redetermination rules, HHS can request a corrective action plan be submitted. If a Medicaid program fails to submit a CAP or implement its CAP, HHS may suspend the ability to conduct procedural terminations and may impose a civil monetary penalty of \$100,000 per day of noncompliance

#### MAINTENANCE OF EFFORT UPDATES

March 31: States only States processing States only **End of Continuous** initiating renewals renewals, including completing **Enrollment Condition** that may result in effectuating renewals terminations1 terminations Option A: State begins 12-month unwinding period in February 2023 (two months prior to the end of the continuous enrollment requirement) Month 1: Feb. 2023 Month 12: Jan. Month 14: Mar. Begin initiating 2024 2024 unwinding-related Last month to Last month to renewals initiate unwindingcomplete all unwindingrelated renewals related Option B: State begins 12-month unwinding period in March 2023 (the month in which the continuous enrollment requirement ends) Month 1: Mar. Month 12: Feb. Month 14: Apr. 2023 2024 2024 Begin initiating Last month to Last month to unwinding complete all initiate unwindingrelated related renewals unwinding-related renewals renewals Option C: State begins 12-month unwinding period in April 2023 (the month after the month in which the continuous enrollment requirement ends)

> Month 1: Apr. 2023 Begin initiating unwindingrelated renewals

Month 12: Mar. 2024 Last month to initiate unwindingrelated renewals

Month 14: May 2024 Last month to complete all unwinding-related renewals



NM has chosen Option B

#### MEDICAID MAINTENANCE OF EFFORT & TIMELINE

There are two ways Medicaid eligible individuals are being kept open during the Maintenance of Effort:

- 1. Sustaining the Medicaid eligibility and benefit level of those individuals who are known to be no longer eligible for Medicaid or who would be eligible for a lesser benefit category;
- 2. Extending renewal dates in three month increments for individuals who fail to complete the renewal process.

With the ending of the maintenance of effort, Medicaid members will have to complete the renewal process:

- 1. Administrative or no-touch renewal
- Submission of renewal documents, via paper or online

Individuals who are found financially or otherwise ineligible for Medicaid can be closed when the MOE ends. Additionally, individuals who fail to return the necessary forms can also be closed with a procedural denial.

| Timeline                          | Activity   |
|-----------------------------------|--|
| 3/1/2023                          | Eligibility redetermination process begins for Medicaid renewals in March 2023 resulting in closures no earlier than 5/1/2023, impacting enrollment over a 3 month-period. |
| 03/31/2023                        | Maintenance of Effort (MOE) ends   |
| 1/23 – 3/23                       | 6.2% FMAP  |
| 4/23 – 6/23                       | 5% FMAP  |
| 7/23 – 9/23                       | 2.5% FMAP  |
| 10/23 – 12/23                     | 1.5% FMAP  |
| Renewal Months<br>April - June    | Assumed Financially Ineligible population  |
| April 30 – Jun 30                 | HSD will transfer end of month closures to beWellnm for Financially Ineligible population  |
| Renewal Months<br>July – March 24 | Assumed Financially Eligible population  |

#### RECERTIFICATION PROCESS DURING UNWINDING

Administrative Renewal Process

60 days prior to renewal due date

Mailing sent 50-55 days prior to

renewal

Text Reminder sent to member notifying them of renewal month

1<sup>st</sup> day of the renewal month

Case closure and transfer to beWellnm

Last day of the renewal month

















Text Prompting members to update their address with HSD

> 50-55 days prior to renewal

Renewal Packet Sent

45 days prior to

2<sup>nd</sup> Text reminder sent to member reminding them to submit their packet

15<sup>th</sup> of the renewal month

BeWellnm engages as appropriate based on closure reason

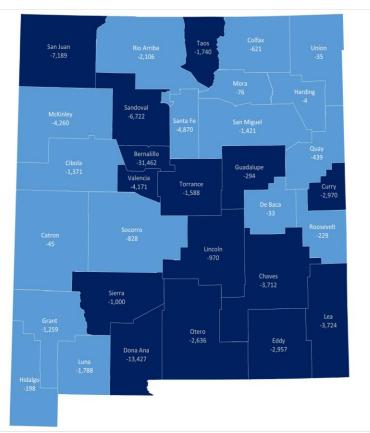


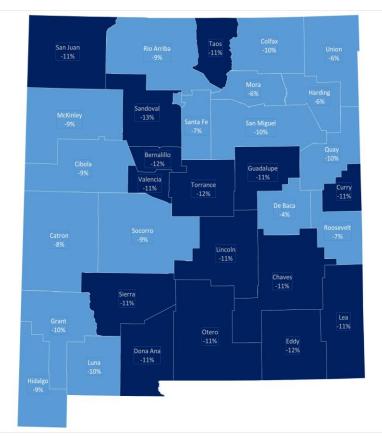
### MEDICAID UNWINDING PLAN

|   |                  |                                   |       |                  |       | SFY 2024                           |       |  |       |      |      |      |       |       |       |      |
|---|------------------|-----------------------------------|-------|------------------|-------|------------------------------------|-------|--|-------|------|------|------|-------|-------|-------|------|
| Calendar Year                               | 10/22            | 11/22                             | 12/22 | 01/23            | 02/23 | 03/23                              | 04/23 | 05/23  | 6/23  | 7/23 | 8/23 | 9/23 | 10/23 | 11/23 | 12/23 | 1/24 |
| PHE Declaration                             | 10/13<br>renewed |                                   |       | 01/11<br>Expires |       |                                    |       |  |       |      |      |      |       |       |       |      |
| CMS Notice<br>Commitment                    |                  | 11/12<br>Notice of<br>termination |       |                  |       |                                    |       |  |       |      |      |      |       |       |       |      |
| 6.2% Additional<br>FMAP and Phase-<br>Down  | 6.2%             | 6.2%                              | 6.2%  | 6.2%             | 6.2%  | 6.2%                               | 5.0%  | 5.0%   | 5.0%  | 2.5% | 2.5% | 2.5% | 1.5%  | 1.5%  | 1.5%  | 0.0% |
| Unwinding                                   |                  |                                   |       |                  |       | MOE ends<br>03/31/23               |       |  |       |      |      |      |       |       |       |      |
| Redetermination<br>timing                   |                  |                                   |       |                  |       | Redeterminatio<br>n letters go out |       | Projected<br>First<br>Terminations<br>5/1/23 |       |      |      |      |       |       |       |      |
| Estimated<br>ineligible<br>Redeterminations |                  |                                   |       |                  |       |                                    | 29.3k | 29.3k  | 29.3k |      |      |      |       |       |       |      |

Estimated New Mexicans Financially Ineligible for Medicaid after Federal Maintenance of Effort (MOE) Ends (Nov 2022 estimate)

## Percent Decrease in Medicaid Enrollment by County after Federal Maintenance of Effort (MOE) ends (Nov 2022 estimate)





### IT'S TIME TO RENEW NM! RENEW.HSD.NM.GOV

- Renew NM is a statewide public awareness campaign that provides resources and information to HSD customers and community partners about the changes to SNAP & Medicaid.
- Call to action to HSD customers:
  - Update your contact info.
  - Watch for your Turquoise envelope.
  - Submit your renewal.



# Medicaid Unwinding and Coverage through beWellnm







## BeWellnm Unwinding Plan



- Partnered with HSD, OSI, and other stakeholders to minimize coverage loss and disruption during the unwinding of Medicaid CCR.
- The beWellnm strategic plan covers the following areas:
  - Technical solutions
  - Outreach and Marketing campaign
  - Consumer Engagement Center



### **Technical Solutions**



- Modifying our Account Transfer (AT) process
  - To receive information about individuals who lose Medicaid coverage for procedural reasons to enable quick communication about their insurance options.
- Health Care Affordability Fund Medicaid Premium Transition Relief
- Provide option for first of the month effective date for customers who lost their Medicaid coverage
  - Scenario: Individual who lost Medicaid on April 30, but is applying at beWellnm on May 15<sup>th</sup>, will be offered a May 1 effective date for their Marketplace coverage.
- Remove 23<sup>rd</sup> of the Month Rule
  - To allow individuals to enroll through the end of the month and still have coverage the first of the next month.
- Provide a 60-day Special Enrollment Period for applicants who were previously enrolled and no longer eligible for Medicaid.



#### Medicaid Premium Transition Relief



- A program under the Health Care Affordability Fund (HCAF) available to individuals and families who:
  - No longer qualify for Medicaid
  - Qualify for the federal premium tax credit through beWellnm; and
  - Have income at or below 400% FPL.
- This program covers one month of premium when the individual/family enrolls in a health plan through beWellnm; it is intended to smooth out coverage transition, ensure continuity of coverage, and effectuate coverage.

# Unwinding Outreach and Marketing Campaign





## **HSD Handoff to BeWellnm**



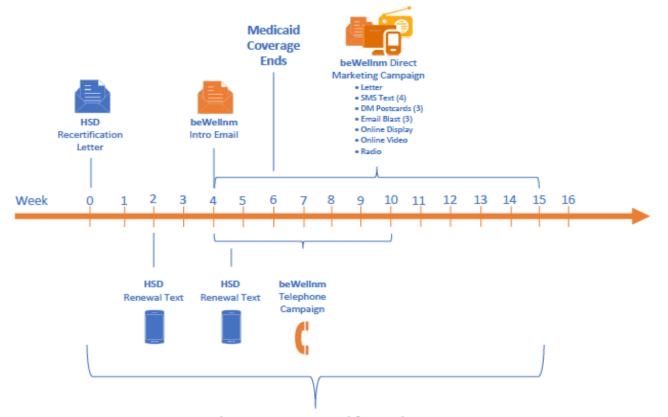
- HSD will provide information to beWellnm for individuals who have been determined ineligible for Medicaid through an account transfer (AT) file.
- HSD will also provide contact information (full MOE file) to be used for outreach to consumers who may lose their Medicaid
- BeWellnm sends an outreach notice to individuals providing information about how to claim or start their application on www.beWellnm.com or reconnect with HSD as necessary

## Coverage Outreach – Touch Points



#### **Account Transfers**

- HSD provides daily
- beWellnm pre-populates application
- beWellnm sends letter through vendor
- Procedural closures sent once per month; triggers letter.





### beWellnm Outreach Plan



- Connect with every individual transitioning off Medicaid\*
  - Direct Calls
  - Direct mail/Text/Outbound calls/Email
  - Fact sheets/Flyers/Social media posts
- Core populations
  - Financially ineligible
    - Targeted outreach based on anticipated closure date
  - Procedural closures
- Messages are aligned with HSD

\* Successfully connecting to consumers will depend on the data received from HSD in A/T files; <u>updating contact</u> <u>information is a key first</u> step!







- beWellnm will conduct outbound calls to individuals who are in transition from Medicaid.
- BeWellnm outbound callers will assist consumers to set an appointment with a certified Enrollment Assister or provide information about how to reconnect to Medicaid as appropriate.



# Emails, Letters, Postcards, Flyers



#### **Postcards**



#### **Direct Mail letters**





#### **Flyers**





# Text Message Campaign



#### Text #1

BeWellnm can help you replace your Medicaid coverage for as low as \$10/month. And, your 1st month's premium is FREE! Visit <u>beWellnm.com/need-help-replacing-medicaid</u> or call 1-833-862-3935.

#### Text #3

BeWellnm can help you replace your Medicaid coverage with low- or no-cost health insurance. Our help is FREE! Reply "health" to schedule an appointment.

#### Text #2

Losing Medicaid? Get Lower out-of-pocket costs, lower deductibles & lower copays with New Mexico's own Turquoise Plans! Visit beWellnm.com/need-help-replacing-medicaid today!

#### Text #4

Time is running out to replace your Medicaid coverage for as little as 33¢ a day. Let us help. We make it easy. Visit beWellnm.com/need-help-replacing-medicaid or call 1-833-862-3935 today!



# Website Updates







**Landing Page** 

Homepage Banner



# Social Media Campaign











# Radio Campaign



TITLE PHE Ending (Pre-Launch)
LENGTH Radio:30

VO:

If you became eligible for Medicaid coverage during the Covid-19 Public Health Emergency, you may receive a letter informing you know that your Medicaid coverage may be ending soon. If so, beWellnm, can help you find health insurance for less than ten dollars a month. BeWellnm makes finding health insurance and signing up easy and affordable. And our services are free! If you're about to lose your Medicaid coverage, start planning now. Call us at 1-833-862-39-35 or visit beWellnm.com.

TITLE Losing Medicaid - 10 Dollars
LENGTH Radio:30

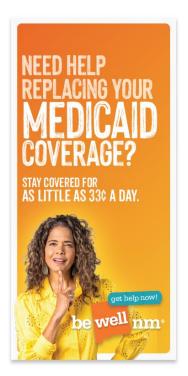
V0:

Do you need help replacing your Medicaid coverage? BeWellnm can help you get health insurance for as little as ten dollars a month. We make finding health insurance and signing up easy and affordable. And our services are free! So, if you're losing your Medicaid coverage, call us at 1-833-862-39-35 or visit beWellnm.com to get the assistance you need and to get insured. Because you just never know!



# Digital Campaign













### Additional Information . . .

 Stakeholder tool kits and additional information will be available on <a href="www.beWellnm.com">www.beWellnm.com</a>

# 13. Other Matters





# Topics



- System Changes
  - Release 2.7
  - Release 3.0
- Change Requests and Contract Amendments
  - Call Center staffing for Medicaid Unwinding
  - Shared Support Systems

# **Upcoming System Changes**







# Upcoming Releases – Release 2.7

#### March 13

- "PHE Unwind" system changes
  - Provides one-month subsidy; option to enroll on the first of the application month; receive 'procedural closures from Medicaid' for outreach
  - Opens a 60-day Special Enrollment Period
- Removal of the 23/24 rule for enrollment
  - Allows enrollment through the end of the month for an effective date on the 1<sup>st</sup> of the next month
- Improvement in the Cancellation process
  - Option to set a cancelation 60 days in the future
  - Track cancellation reasons
- Easy Enrollment
  - Provide an option for applicants to attest that they 'checked the box' on their tax form
  - Opens a 60-day Special Enrollment Period





# Upcoming Release – Release 3.0 (August)

#### **Enhancements**

- Broker Functionality Updates
  - Display broker details in My Enrollment.
  - Update Broker mailing address to business address
  - Enrollment data extract for Brokers
  - Broker digest report updates
  - Broker book of business search parameter update
- Shopping Portal Improvements
  - Plan effective date display for Anonymous shopping
  - Display copay/coinsurance upfront in detail screen
- Eligibility/Notice changes
  - APTC eligibility for future loss of MEC
  - Notice flag for AT sent status
- Other CSR portal changes
  - Display CRM document statuses in HIX
  - View uploaded documents by multiple CSR users
  - CSR Admin functions for HCAF subsidies
  - Batch Process to consume HOH changes in AT

#### Total estimated cost: \$2.2 million

- Staff is evaluating the change request and cost estimate
- Funding is already included in the 2023 budget
- Will require Board approval for contract amendment





# Upcoming Release – Release 3.0 (August)

#### Compliance Changes (Requirements Phase: \$0)

- APTC for Medicaid denied eligible members under 100% FPL
- Introducing Non-ESI MEC RFI
- Awarding QHP with Medicare (irrespective of QHP enrolled status)
- Making Citizenship/Immigration questions optional
- Display CSR eligibility to members
- Support county level mapping through crosswalk
- SEP effective date logic updates
- APTC enhancement to sync effective date and premiums

#### Total cost: \$0

- Staff is evaluating change designs
- Compliance changes are not charged to beWellnm

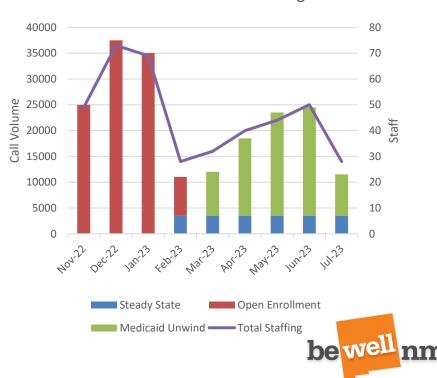




# Staffing for Medicaid Unwinding

- Projecting 80,000 calls over four month period, March - July
- Approximately 86,000 households estimated to lose Medicaid coverage April 30 – June 30, but may be eligible for coverage on the Exchange.
- Recommended approach is to maintain higher OE staffing levels through February to prepare for unwinding.
  - Using a similar staffing methodology as is used in Open Enrollment, the change request would provide enhanced staffing February through July.
  - CEC staffing component of Change Request
     11 would be \$1.57 million.
  - The 2023 budget already includes funding for this purpose.

#### OE and 'Unwinding' Call Volume Estimates and Staffing





### **Contract Amendments**

- CEC staffing for Medicaid Unwinding (CRMnO 11)
  - \$1.57 million to appropriately staff the CEC to support customers transitioning from Medicaid at the of the Continuous Coverage Requirement.
  - Funding for this purpose already included in the 2023 budget
  - Recommend approval for the CEC component of this CR
- Shared Support Systems (Telephony and CRM) for 2023 (CRMnO 15)
  - \$180,480 to maintain access to shared customer support systems
  - Funding for this purpose already included in the 2023 budget
  - Recommend approval





### **Contract Amendments - Motions**

### CEC staffing for Medicaid Unwinding (CRMnO 11)

 Proposed Motion: Move that the Board authorize the CEO to amend the Optum contract to increase Customer Engagement Center staffing to support customers transitioning from Medicaid at the end of the Continuous Coverage Requirement, with an increase in the not-to-exceed (NTE) amount of \$1,568,350.

### Shared Support Systems (Telephony and CRM) for 2023 (CRMnO 15)

• **Proposed Motion:** Move that the Board authorize the CEO to amend the Optum contract to maintain access to shared support systems, with an increase in the non-to-exceed amount (NTE) of \$180,480.

# 14. Public Comment



## 15. Other BoardBusiness



# 16. Next beWellnm Board Meeting- March 17, 2023



# 17. Adjournment





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