Stakeholder Advisory Committee

March 9, 2021







Agenda



- CEO Update
- Individual Exchange Project Update
 - Project activities, now to launch
 - QHP Application process changes with Medicaid
 - QHP certification process
 - Upcoming guidance and transition timeline
 - Future Topics
 - CMS/beWellnm Communications timeline with enrollees about the transition
 - Premium Billing
 - Broker 'onboarding' and training



Project Schedule and Activities

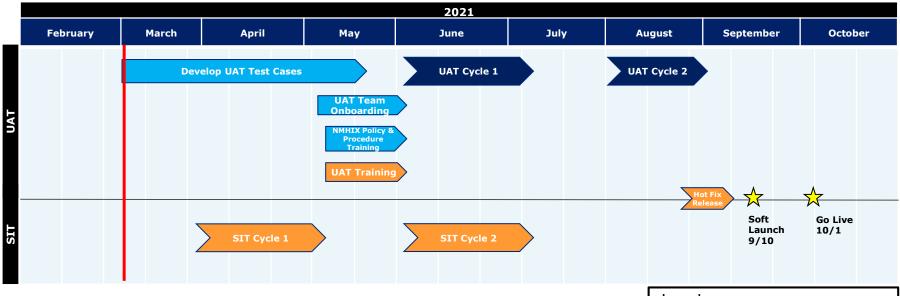


- Development is complete
- Starting our testing phase
 - System Integration Testing begins this month
 - Preparing for User Acceptance Testing to start in June
- Operational readiness reviews
 - Single Streamlined Application reviews with CMS begin March/April
 - Final progress/readiness letter to CMS in August
- NMHIX staffing and operational changes
 - Expanded operations department
 - Additional eligibility, premium billing and enrollment specialists, including appeals
- User Training and Onboarding
 - Brokers
 - Enrollment Counselors





Testing Overview









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Application Changes and Coordination with Medicaid

- "No Wrong Door" design so that applicants can attain health coverage no matter where they apply with HSD or with beWellnm
 - Improved customer experience from Healthcare.gov
 - Today, Healthcare.gov is not well integrated with HSD eligibility system (ASPEN)
 - beWellnm will leverage Medicaid real-time eligibility (RTE) service to achieve a Medicaid eligibility decision in a single user session
 - Update SBE application to collect data necessary for Medicaid application (ex. on next slides)
 - SBE Individual dashboard can be used to provide a coordinated set of information for applicants, including Medicaid
 - Some information (e.g., notices) will be maintained in each system
 - Initial design is to coordinate and share applicant information but have two accounts (one at beWellnm, one at HSD)
 - Discussing features for future integration to further streamline process e.g. single account management, including single applicant 'dashboard'.
- More tightly integrated than current approach with Healthcare and some other recent exchanges but not designed as a "single door" for Medicaid or QHP coverage.



Medicaid & CHIP Denial Information

Learn more about being found not eligible for Medicaid or CH
Learn more about being round not engible for medicald of Cri
When you see a star (*), you must complete the field. When you see an ❸, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.
In the last 90 days, were any of these people found not eligible for Medicaid or CHIP by State Medicaid Agency?* •
All
John Wright
Jane Wright
✓ Marry Wright
✓ Jim Wright
None
Has the household income, household size, citizenship/immigration status, residency, physical disability, pregnancy, or mental health condition changed for Marry Wright since previous determination from the State Medicaid Agency? No No
Has the household income, household size, citizenship/immigration status, residency, physical disability, pregnancy, or mental health condition changed for Jim Wright since previous determination from the State Medicaid Agency?
Yes No
Save and Continue

Medicaid Assessments and Requests for a Medicaid Determination

Note: Screenshots here and on the following slides are samples. Wording is not final.

Back

Start Your Application

Family & Household

Additional Questions

Income

Review & Sign

You may qualify for these Medicaid Programs

Based on the information you provided, the exchange has assessed the following Medicaid eligibility for the people listed on this application seeking coverage.

Please note these are intermediate results and are not final.

Name	You might be assessed for these programs
John Wright	Medicaid Ineligible ⊕
Jane Wright	Medicaid Ineligible •
Marry Wright	Medicaid (Full Coverage) ⊕
Jim Wright	Medicaid (Full Coverage) ⊕
	Save and Continue
Back	



Medicaid
Assessments
and Requests
for a Medicaid
Determination



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Application Year 2020 Start Your Application Family & Household Additional Ouestions Review & Sign **Additional Questions** When you see a star (*), you must complete the field. When you see an 10, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more. Below listed members are assessed eligible for Medicaid or CHIP programs based on your inputs provided during the application. Their information will be shared with the state Medicaid system for Medicaid determination. Please select the member(s) for whom you do not want the information to be shared with the state Medicaid system for Medicaid determination. * Please note: Selection of member(s) will result in not sharing of information with the State Medicaid Agency for current and any future eligibility determination submitted by the user or by the system itself, unless specified otherwise. Also, members assessed as full Medicaid eligible will not be eligible for advance tax credits. If a member is assessed as full Medicaid eligible due to special conditions, such as disability, and the member opted-out from sharing the information with the State Medicaid Agency, the member will not be considered eligible for advance tax Marry Wright Jim Wright Below listed members are assessed not eligible for Medicaid or CHIP programs based on your inputs provided during the application. Their information will not be shared with the state Medicaid system for Medicaid Determination, Please select the member(s) for whom you still want the information to be shared with the state Medicaid system for Medicaid determination. * Please note: Selection of member(s) will result in sharing of information with the State Medicaid Agency for current and any future eligibility determination submitted by the user or by the system itself, unless specified otherwise, John Wright None

Medicaid
Assessments
and Requests
for a Medicaid
Determination

Then "Save and Continue"; Confirm selection screen



Income

Additional Medicaid Questions for Marry Wright

When you see a star (*), you must complete the field.

When you see an 1, roll over it with mouse or select it by pressing tab with keyboard to get definitions and learn more.

Based on your interest to share the information with State Medicaid Agency, please provide the answers for the following few questions. This will help us transfer the required information to State Medicaid Agency for quick determination of your Medicaid program.

Managed Care Organization (MCO) Selection



This section will apply if you are found to be eligible for Medicaid. If you are eligible for Medicaid, your services will be provided by one of the three managed care organizations (MCOs) listed below. You have a choice of which MCO will provide your services. If you do not choose an MCO, you will be automatically assigned to an MCO by the New Mexico Human Services Department. Once you are enrolled with an MCO, you will have the option to switch to a different MCO within 3 months of enrollment.

Special information for Native Americans:

If you are Native American, you are not required to choose an MCO. If you choose not to select an MCO, you will be automatically enrolled in fee-for-service (FFS) Medicaid. If you are in need of long-term care services or if you have Medicare, you will be required to choose an MCO.

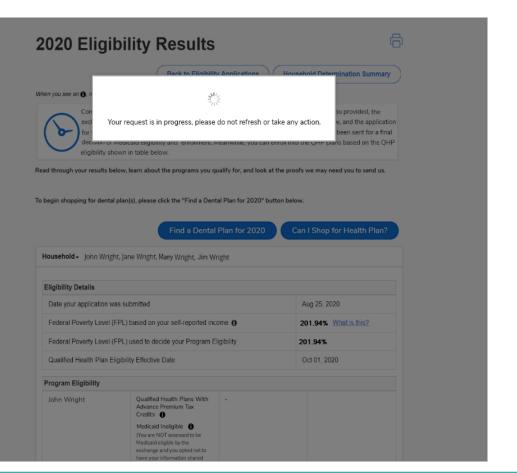
Select a Managed Care Organization (MCO)	
Blue Cross Blue Shield (BCBS)	•
What is your current living arrangement?	
At Home	•

Save and Continue

Additional Medicaid Questions

- Next screens Review and Sign, including the Rights and Responsibilities
- **Submit Application**





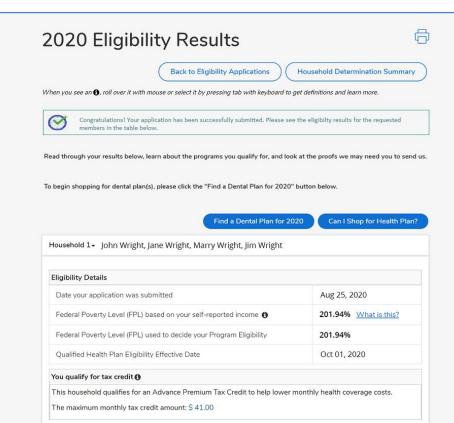


Medicaid Real Time Eligibility Processing



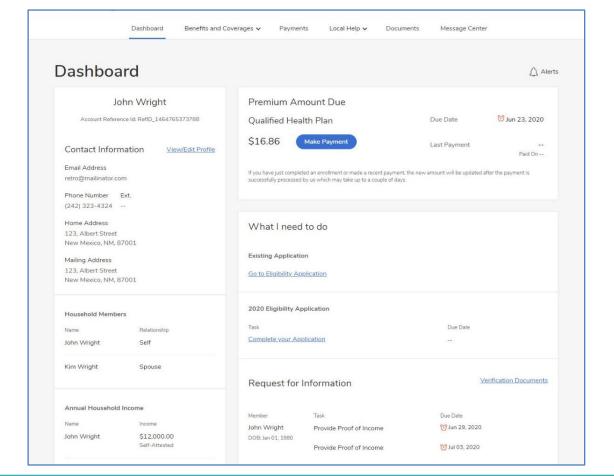
Eligibility Results





Name	You qualify for these programs	We need proofs from these categories	Status
John Wright	Qualified Health Plans With Advance Premium Tax Credits	-	
	Medicaid Ineligible (You are NOT assessed to be Medicaid eligible by the exchange and you opted not to have your information shared with the state for a final Medicaid eligibility decision)		
Jane Wright	Qualified Health Plans With Advance Premium Tax Credits Medicaid Ineligible (You are NOT assessed to be Medicaid eligible by the exchange and you opted not to have your information shared with the state for a final Medicaid eligibility decision	-	
Marry Wright	Qualified Health Plans Catastrophic Health Plans Medicaid (Full Coverage) (This is Final Bligibility result)	-	
Jim Wright	Qualified Health Plans Catastrophic Health Plans Medicaid (Full Coverage) (This is Final Eligibility result)	-	

Upload/Manage Documents





Individual Dashboard





Verification Documents Request for Information Annual Household Income Member Due Date Income John Wright Provide Proof of Income 77 Jun 29, 2020 John Wright \$12,000.00 DOB: Jan 01, 1980 Self-Attested Provide Proof of Income 7 Jul 03, 2020 Kim Wright \$12,000.00 Kim Wright Provide Proof of Income 7 Jun 29, 2020 Self-Attested DOB: Jan 01, 1980 Provide Proof of Income 77 Jul 03, 2020 My Eligibility and Enrollment Click on the eligibility and plan links to view details. Member Eligibility and Enrollment Start Date Jul 01, 2020 John Wright Qualified Health Plans With Advance... DOB: Jan 01, 1980 Dental:--Kim Wright Qualified Health Plans Jul 01, 2020 Catastrophic Health Plans DOB: Jan 01, 1980 Medical:--Dental:--Medicaid (Full Coverage) Jul 01, 2020 Medicaid (Full Coverage, due to speci... Jul 01, 2020 (This is Final Eligibility result)

Individual Dashboard (cont.)





Overview of Medicaid/Exchange Integration

- "No wrong door" approach incorporates design to speed access to health coverage and minimize 'customer pain points'
- HSD and NMHIX working on other operational integration
 - Appeals
 - Call centers
 - Communication about the transition





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QHP Certification Process and Timeline

- CMS released the Qualified Health Plan (QHP) Data Submission and Certification Timeline for Plan Year 2022:
 - https://www.cms.gov/files/document /py2022-qhp-data-submission-andcertification-timeline-bulletin.pdf
- Carriers will continue to follow this process, at least through 7/22/21
- This also guides the QHP Certification Timeline that will be issued by OSI/NMHIX

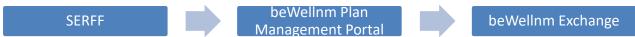
Table 1. QHP Data Submission and Certification Timeline for Plan Year 2022

Activity	Dates
Stand-alone Dental Plan Voluntary Reporting of Intent to Offer	2/15/21
QHP Application submission window opens	4/22/21
Optional Early Bird QHP Application submission deadline	5/19/21
CMS reviews Early Bird QHP Application data and releases results in the PM Community	5/20/21 - 6/11/21
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ²	5/24/21
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS) ³	6/15/21
Machine-readable index URL submission deadline	6/16/21
Initial QHP Application deadline, including Transparency in Coverage and Plan ID	6/16/21
Crosswalk data	
CMS reviews initial QHP Applications and releases results in the PM Community	6/17/21 - 7/16/21
Initial deadline for QHP Application Rates Table Template; optional deadline to resubmit	7/21/21
corrected QHP Application data	
CMS reviews initial submission of Rates Table Template and resubmitted QHP	7/22/21 - 8/13/21
Application data, and releases results in the PM Community	
OHP issuers Exchange administrators and CMS preview the 2021 OHP quality rating	August/Sentember



NMHIX/OSI Guidance

- NMHIX and OSI plan to issue similar guidance for QHP certification process, as well as information for getting on and working with the Exchange. Topics will include:
 - Process and Timeline
 - EDI Requirements
 - Submission and review process in the beWellnm Plan Management Portal*



- NMHIX and Carrier QHP Certification Agreements
- Process will be based on the CMS timeline, but carriers will follow two timelines through July.

^{*}For additional information about the Plan Management Portal and Carrier onboarding, click here: https://www.bewellnm.com/getmedia/a7863c91-d522-45b0-a9a8-79c02ab7750f/Plan-Management-Module_Carrier-Onboarding-Process.pdf; aspx





Future Topics



- Communication Timeline
 - Coordinating the transition message with CMS
 - Ensuring enrollees know which system to access for Plan Year 2021 and Plan Year 2022 changes
- Premium Billing
 - Changes for enrollees and carriers as beWellnm assumes the premium billing function
- Broker Onboarding
 - User Training (est. start July)



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