

2022 Open Enrollment Marketplace Kickoff Event

September 29th, 2021



NEW MEXICO HEALTH INSURANCE EXCHANGE



Agenda

CEO - Jeffery Bustamante

Welcome

BeWellnm is now a State based Marketplace (SBM)

Director of Communications & Education – Maureen Manning

History and Mission

BeWellnm as a State Based Marketplace!

What's remaining the same?

What's new?

Who are the carriers for 2022?

Communications

Native Americans

Small Business Health Options

Website- Education, Training & Resources

Outreach & Education Team

Customer Engagement Center



BeWellnm is now a full State-Based Marketplace



- BeWellnm will have expanded access to data, which will help deliver on the mission to provide affordable health insurance coverage for New Mexico residents.
- Provide a direct connection to the community, in support of addressing concerns, and providing guidance, resources and education.
- The technology solution will help better inform beWellnm, which can enhance our direct connection to support communities.
- Implement coverage initiatives that improve affordability and coverage, such as those offered through the new Affordability Fund.

History and Mission



History

- The Exchange was created by state law in 2013 to help New Mexicans find affordable health insurance that fits their needs.



Mission

- Promote efforts to educate and enroll New Mexicans in affordable health insurance coverage that promotes better access to timely, high quality healthcare.



What's remaining the same?



What's remaining the same?



- BeWellnm will continue to provide:
 - Partnering with community based organizations
 - Partnering with State and County organizations
 - Certified Agents, Brokers, and Enrollment Counselors
 - Small Business Health Options (SHOP) coverage
 - Compassion and dedication to our mission
- American Rescue Plan Act- Additional Financial Assistance.
- Carriers will continue paying agent and broker commissions.

What's new as a SBM?

**affordable
health
insurance
options.**



Important New Timelines



Shop & Compare - A consumer can see if they may qualify for financial assistance. They can also review and compare plan options while remaining anonymous in the shopping experience.

Starts October 1st, 2021

Open Enrollment- A consumer can apply, renew, enroll and even pay their premium for coverage starting in 2022.

November 1st through January 15th, 2022

Note: An enrollment completed by December 23 will be effective January 1, 2022. If submitted between December 24 and January 15, it will be effective February 1, 2022.

Premium payment is required to secure coverage.

What's New as an SBM?



- Consumer will access a newly designed enrollment pathway.
- Certified Agents/Brokers have a Portal and Dashboard to assist and help manage their clients.
- Certified Enrollment Counselors have a Portal to assist their consumers in enrolling in coverage.
- More flexibility for consumers to enroll and have coverage effective the following month.
- Consumers now have one stop shop to compare, apply, enroll, and pay premiums.
- Consumers can pay their premiums at the time of enrollment.
- Carriers will have a local support in addressing eligibility concerns, in a timely manner.
- Enhanced the partnership with OSI and HSD.
- BeWellnm is responsible for all certification requirements and training for Agents, Brokers and Enrollment Counselors.
- BeWellnm will be handling all applications, enrollments, notices, appeals, premium payments for health coverage in 2022.

Application–Built in Features



- A consumer will have access to chat with a Customer Service Representative within the application system.
- A consumer will have access to enrollment resources and educational material while logged in their account. When accessing the learn more link.

Premium Payments



Premium is invoiced monthly on the 5th for the following month's premium.

Premium is due on the 23rd (1st payment or binder) or the last day of the month (routine).

Policyholders can pay their premiums by:

Enrolling in recurring ACH to authorize NMHIX to withdraw premium each month.

Making a one-time payment each month by:

- ACH initiated from policyholder's online exchange account;
 - Credit/debit cards from policyholder's online exchange account or by phone;
- Personal Check, Cashier's Check, or money order sent to the lockbox.

Lockbox address: NMHIX

PO Box 26508

Albuquerque, NM 87125-6508

For more, visit:

<https://www.bewellnm.com/wp-content/uploads/2021/09/Policy-Manual-Final-for-PY2022.pdf>

Who are the insurance carriers for 2022?

On Exchange –Individuals & Families

- Ambetter/Western Sky
- Blue Cross Blue Shield
- Friday Health Plans
- Molina Healthcare
- Presbyterian Health Plan (**New**)
- True Health New Mexico
- BEST Life- **Dental Carrier**

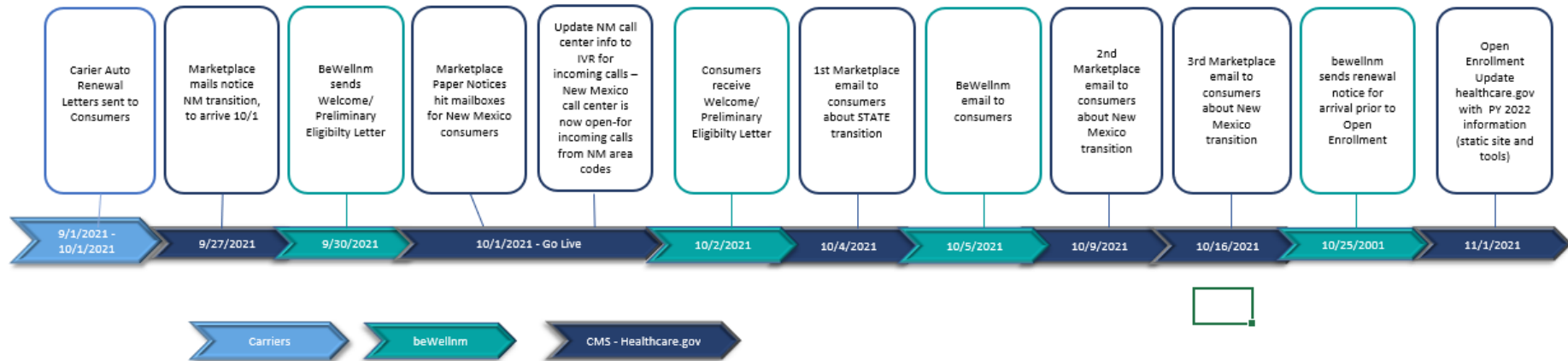


Communications

**affordable
health
insurance
options.**



Communication Timeline



beWellnm®

Federal Marketplace Notification



1st Notification - Mailed on September 27th by the Federal Marketplace. Expected arrival in mailboxes by October 1st.

The FFM will send three email reminders to enrolled consumers who have provided an email address.

Dates: October 4th, 9th and 16th.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

9/21/2021

Harriet Koptuyzd
19511 Abcdefghij St
Apt 4
Santa Fe, NM 87501

Important: New Mexico is opening its own Marketplace — beWellnm. You'll get health coverage for 2022 at beWellnm.com.

When your 2021 Health Insurance Marketplace® coverage ends on December 31, 2021, you won't be enrolled in 2022 coverage through HealthCare.gov, which is operated by the federal government.

What to expect next

beWellnm will contact you with information about staying enrolled in coverage for 2022, through their new Marketplace. They'll also tell you how to access your new account on beWellnm.com.

From November 1, 2021 - January 15, 2022, you can apply for 2022 coverage and savings through New Mexico's Marketplace by visiting beWellnm.com or calling 1-833-862-3935. Choose a plan by December 23 for health coverage that starts January 1, 2022. If you choose a plan December 24 - January 15, coverage starts February 1, 2022. After January 15, you'll need a qualifying life event to enroll through a Special Enrollment Period. For 2021 coverage, visit HealthCare.gov. For 2022 coverage and beyond, visit beWellnm.com.

Keep this letter

Keep this letter to confirm you had Marketplace coverage for 2021. You may need it to qualify for a Special Enrollment Period, which may give you more time to enroll through beWellnm.com.

1095-A Forms

You can still visit HealthCare.gov to see messages related to coverage through 2021 in your Marketplace account. If you got advance payments of the premium tax credit through the Marketplace in 2021, your 2021 Form 1095-A will be available in your Marketplace account at HealthCare.gov by early February. It will also be mailed to you. You'll need information from this form when you file your 2021 federal income tax return and "reconcile" any premium tax credit you got in 2021.

Get more information

Visit beWellnm.com, or call 1-833-862-3935. TTY users can call 711.

BeWellnm Preliminary Eligibility Notification



New Mexico Health Insurance Exchange
7601 Jefferson St. NE, Suite 120
Albuquerque, NM 87109



Date: September 30, 2021

Lake Travis
7601 Jefferson NE
Albuquerque, NM 87108

Preliminary Eligibility Determination Notice

Reference ID: RefID_10001423

It's almost time to renew your health insurance coverage for 2022

Dear Lake,

Welcome to the New Mexico Health Insurance Exchange, also known as beWellnm. BeWellnm is New Mexico's marketplace for qualified health and dental plans under the Affordable Care Act. We are leaving Healthcare.gov. Now you will use beWellnm.com for your application, eligibility, enrollment, premium billing and payment services.

Your coverage will be renewed for 2022 through beWellnm instead of Healthcare.gov. If you have a broker assigned to you with Healthcare.gov, the same broker may be assigned to you by beWellnm. If you're not sure if you have a broker or would like to assign, change or remove a broker, follow the steps in this notice to create an online account and review your broker information.

Before your coverage is renewed, we want to make sure we have the current information about your household members and income. Please read this notice carefully and follow all steps. We want to make sure that you get the right coverage and costs for 2022.

Review your information

The following household member(s) are currently enrolled in coverage through the federal Marketplace for 2021. Based on the information we received, we created your renewal application for coverage in 2022. The table below shows your Expected Program Eligibility for next year. This is based on the information we have, including your expected income for next year. For privacy reasons, we can't show the dollar amount of your income. Instead, we show your expected income as a percentage of the Federal Poverty Level (FPL).

2nd Notification- Will be sent by beWellnm. Notice is of Preliminary Eligibility. Will be sent on September 30th to be received by the consumer by October 5th or 6th.

- The consumer can shop anonymously beginning October 1st
- They will have access to create a profile and update their application as of October 8th.
- This letter will provide the consumer a unique invitation link to access their beWellnm account.

Native American



Benefits of being enrolled

- Can enroll anytime! Not limited to OE and or an SEP.
- Can still access care at Indian Health Service facilities.
- Can access care at a contracted provider or facility through the insurance company.
 - Useful if you live far away from IHS facilities or you would like to see a non-IHS provider.
 - If traveling out of state or on vacation and need emergency medical attention your qualified health plan through beWellnm will have you covered.



Cost Sharing Reductions & Premium Assistance



- Native Americans eligible for the specific cost-sharing protections can enroll in a bronze plan and still receive the Native American specific cost-sharing protections.
- Because eligible Native Americans can enroll in any metal level plan and still receive full cost-sharing assistance, they are able to enroll in comprehensive coverage with a lower net premium than non-Native Americans.
- There is not Native American specific premium assistance. Native Americans have access to the premium tax credits that are available to the general population.



Native American

be well nm®



FAQs



Indian Health Service and The Health Insurance Marketplace:

- Q. Do patients have to do anything related to the Affordable Care Act?**
A: Patients with insurance should check to ensure that their coverage meets requirements for minimum essential coverage. Patients who do not have insurance should review their options on healthcare.gov or should check with the Patient Benefits Coordinator at their local Indian Health Service center.
- Q. Do all Indian Health Service (IHS) patients have to enroll in the state or federal Marketplaces and buy insurance?**
A: No. If individuals are already covered by private insurance that meets the definition of minimum essential coverage through their job or through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or other types of health coverage, they don't have to enroll in the Marketplace. IHS-eligible patients who do not have health coverage can keep using IHS but, should still review coverage options. Or they may be eligible for Medicaid or a plan through the Marketplace.
- Q. What is the Health Insurance Marketplace application process for Native Americans?**
A: The Marketplace offers a streamlined application process to help understand what benefits are available and which protections may apply. Certain protections apply to enrolled members of federally-recognized tribes and Alaska Natives. By filing out one simple, user-friendly application, you will learn if you qualify for financial assistance through:
1. Advanced Premium Tax Credits to purchase coverage in the Marketplace,
 2. Cost Sharing Reductions that will reduce or eliminate out-of-pocket costs for services received through the Health Insurance Marketplace plan, or
 3. Enrollment in CHIP or Medicaid.
- Native Americans can apply for health insurance online, by phone, in person with an enrollment counselor or by mail. Visit our website to learn more! www.bewellnm.com.
- Q. What are the Special Enrollment Periods for Native Americans?**
A: Members of federally recognized tribes are allowed to purchase and enroll in Marketplace health insurance coverage monthly. If you aren't a member of a federally recognized tribe and don't qualify for a special enrollment period, you must enroll during the annual open enrollment period (November 1 – December 15).
- Q. What are the cost-sharing exemptions for Native Americans?**
A: If you enroll in a qualified health plan offered through beWellnm, you may qualify for savings on out-of-pocket costs (e.g., copays, coinsurance, deductibles, and other similar charges). If you are a member of a federally recognized tribe and your household income is between 100% and 300% of the federal poverty level, you will have no cost sharing for services covered by the health plan you choose.
- Q. Are there Co-pays for Native Americans when receiving care at IHS?**
A: Regardless of your household income, if you enroll in a plan through beWellnm, there is no cost sharing if you continue to receive services from your Indian health care provider or through Purchased/Referred Care (PRC). There are also cost-sharing exemptions under the Medicaid program for individuals who receive care from Indian Health Service or through a Purchased/Referred Care (PRC) authorized referral.
- NOTE:** Even if you are not a member of a federally-recognized tribe and your household income is below 250% of the federal poverty level, you may be eligible for cost sharing reductions if you enroll in a Silver Plan through the Health Insurance Marketplace.

Marketplace Health Insurance Plans

While a Native American is not exempt from paying monthly premiums for an insurance plan you buy through the Marketplace, like all Americans you may qualify for tax credits that lower your premiums based on your income.

Zero Cost Sharing Plan

When buying a Marketplace plan and your income is between 100% and 300% of the federal poverty level, 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.

Better Benefits

If a Native American gets 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/Referred Care (PRC).

Enroll Anytime

Native Americans can enroll in a Marketplace health insurance plan any time, not just during the annual Open Enrollment Period. You can change plans as often as once a month.

Zero Cost Sharing Plan

A Zero cost sharing plan is a plan available to members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders whose income is between 100% and 300% of the federal poverty level and qualify for premium tax credits. People enrolled in this type of plan:

- Don't pay co-payments, deductibles, or coinsurance when getting care from an Indian health care provider or when getting essential health benefits through a Marketplace plan
- Don't need a referral from an Indian health care provider when getting essential health benefits through a Marketplace plan
- Can get zero costs sharing with a plan at any metal level on the Marketplace

Example of Marketplace plans with zero cost sharing	Plan Level		
	Bronze	Silver	Gold
Plan type	HMO	HMO	HMO
Deductible	\$0 (individual total)	\$0 (individual total)	\$0 (individual total)
Out-of-pocket maximum	\$0 (individual total)	\$0 (individual total)	\$0 (individual total)
Copayments/Coinsurance	No charge	No charge	No charge
Emergency Room Care	No charge	No charge	No charge
Generic Drugs	No charge	No charge	No charge
Primary Doctor	No charge	No charge	No charge
Specialist	No charge	No charge	No charge

Services beyond IHS coverage



Qualified Health Plan Covered Services

This table shows you what healthcare services you can receive, beyond your IHS coverage, when you sign up for health insurance through beWellnm.

Services Covered:	Indian Health Service	Qualified Health Plans
Acupuncture	+	+
Bariatric Surgery ¹	+	+
Chiropractic Care	+	+
Colonoscopy	+	+
Diabetes Care	+	+
Diagnostic Test (X-Ray/fluoroscopy)	+	+
Durable Medical Equipment ²	+	+
Emergency Care ³	+	+
Emergency Medical Transportation ⁴	+	+
Emergency Room ³	+	+
Home Health Care	+	+
Hospital Stay (Facility fee/physician/surgeon fees) ⁴	+	+
Imaging (CT/PET/MRI scan)	+	+
Lab Services	+	+
Mental/Behavioral Health Services (Outpatient/inpatient) ⁴	+	+
Nutrition	+	+
Optometry ³	+	+
Outpatient Surgery (ambulatory surgery center/physician/surgeon fees)	+	+
Pediatrics	+	+
Outside Pharmacy (Walgreens/Walgreens/CVS, etc.)	+	+
Pregnancy Services (Office visits/Childbirth classes/delivery services)	+	+
Preventive Care (Delivery not covered at most facilities) ⁴	+	+
Preventive Care/Screening/Immunizations	+	+
Primary Care	+	+
Public Health Nursing	+	+
Radiology (Not available at all facilities) ⁴	+	+
Rehabilitation/Rehabilitation Services	+	+
Skilled Nursing Care	+	+
Specialist Visits	+	+
Substance Abuse Services (Outpatient/inpatient)	+	+
Urgent Care	+	+
Women's Health	+	+

¹ Only 1 per lifetime under IHS.
² Not covered at most facilities under IHS.
³ Delivery not covered at most facilities under IHS.