



Letter to Issuers

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The New Mexico Health Insurance Exchange (NMHIX), also known as beWellnm, in collaboration with the New Mexico Office of Superintendent of Insurance (OSI), is releasing this 2024 Letter to Issuers intending to participate in New Mexico’s state-based exchange for Plan Year (PY) 2024.

This letter provides operational and technical guidance for the 2024 Plan Year for issuers seeking to offer qualified health plans (QHPs), including stand-alone dental plans (SADPs), on the exchange (“beWellnm Platform”).¹ It is issued alongside guidance provided by CMS and OSI to ensure compliance with the New Mexico Administrative Code (NMAC), the NM Insurance Code (§59A-1-1 et seq NMSA 1978) and the Code of Federal Regulations (CFR) (45 CFR 155 subpart K).

Questions about this letter may be sent to carriers@nmhix.com. Please organize your questions by Chapter and Section, and include “Question about Letter to Issuers” in the subject line.

A summary of revisions to this guidance is provided in the following table.

Revision History

Date	Chapter	Section	Description of Revision
3/24			Initial Draft
4/28	1	1	Updated date for the “Final plan confirmation in beWellnm’s Plan Management Portal” to September 5, 2023
	1	1	Text updates to Table 1. QHP REVIEW TIMELINE to align with revisions by OSI
	1	2	Updated link to information for Standardized Health Plans
	1	2	Updated summary of Health Care Affordability Fund program changes
	1	3	Updated Footnote for reference to the 834 companion guide. Removed reference to 820 companion guide.
	1	5	Updated link to reference materials for the Plan Management Portal.
	1	6	Removed reference to “service area changes” during risk adjustment window.
	1	6	Changes for clarity
	1	6	Updated maximum penalty to \$10,000, in accordance with statute.
	1	8	Added note that OSI will provide formatted version of the Turquoise Plan and Benefit template.

¹ The beWellnm Platform is the information technology system to provide exchange functionality for consumer application and eligibility determination; QHP/SADP shopping and enrollment; and premium billing.

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CHAPTER 1: Certification Process for Qualified Health Plans and Stand-Alone Dental Plans

The Patient Protection and Affordable Care Act (PPACA) and applicable regulations provide that health plans, including Qualified Dental Plans, also known as Stand-Alone Dental Plans (SADPs), must meet a number of standards in order to be certified as qualified health plans (QHPs) or SADPs. Several of these are market-wide standards that apply to plans offered in the individual and small group markets, both inside and outside of the Exchanges. The remaining standards are specific to health plans seeking QHP certification from the Exchanges.

This chapter provides an overview of the QHP certification process. Additional information and instructions about the process for issuers to complete a QHP application is available on OSI's website under the QHPs, Individual and Small Group Product Filings section or <https://www.osi.state.nm.us/pages/bureaus/life-and-health/resources/guidance-for-carriers>.

Section 1. QHP Certification Process and Timeline Overview

Issuers should submit a complete QHP application for plans they intend to have certified according to the timelines provided in Table 1, "Proposed QHP Data Submission and Certification Timeline for Plan Year 2024." NMHIX and OSI will review QHP applications for current and new issuers applying for QHP certification and, as needed, communicate with issuers about corrections to their submissions.

NMHIX will send Draft Plan Year 2024 Issuer Agreements for issuers to review prior to finalizing the agreements. Once finalized, NMHIX will send the Final Plan Year 2024 Issuer Agreements to QHP and SADP issuers to sign and submit to NMHIX outlined in Table 1. NMHIX will countersign the Issuer Agreements and return them to issuers.

Any legal requirements to notify HHS must be provided with copy to beWellnm.

Please note: All QHP binders must be certified and approved through SERFF and the beWellnm Platform's Plan Management Portal, respectively, in order for plans to be visible for purchase to consumers. Once binder submission occurs, no additional plans can be added. Also, final certification and publication on the beWellnm Platform can only occur once the QHP application is Approved-Certified by OSI. Any changes needed to a QHP or SADP binder after August 14, 2023, will require a State Authorization form to be submitted to NMHIX and approved by OSI or NMHIX, as appropriate. The form is available at: <https://www.bewellnm.com/state-based-exchange/sbe-carriers/>.

Table 1. 2024 PY QHP REVIEW TIMELINE

Activity	Timeline
Confidentiality Request	30 days prior to filing submission date
QHP and SADP Application submission window opens	4/19/2023
QHP and SADP Application Form/Rate filing deadline for forms only.	05/22/2023
QHP and SADP Application submissions deadline (Complete Form/Rate Filings to include rates, Binders, as well as Transparency in Coverage and Plan ID Crosswalk data)	05/29/2023
<i>Individual QHP and SADP Application Transfer to beWellnm (Forms and Rates)</i>	06/05/2023
<i>SHOP QHP and SADP Application Transfer to beWellnm (Forms and Rates) (if necessary)</i>	06/05/2023
Risk Adjustment rate revisions	07/14/2023-07/21/2023
48-hour turn-around on carrier responses to form and rate review objections	07/26/2023
24-hour turn-around on carrier responses to form and rate review objections	08/02/2023
Approval, Certification and Transfer of Individual, SHOP, and SADP Plans	08/14/2023
URL Template Links to be live and active	09/01/2023
Final plan confirmation in beWellnm’s Plan Management Portal	09/05/2023
beWellnm sends QHP/SADP Certification Agreements to Issuers	9/8/2023
Issuers return QHP Certification Agreements	9/11/2023 – 9/22/2023
beWellnm “Window Shopping” Opens	TBD
Open Enrollment Starts	11/01/2023

Section 2. Summary of Key Changes for 2024

Standardized Health Plans

For PY2024, beWellnm established Standardized Health Plans to simplify the shopping experience for consumers and ensure more predictability in out-of-pocket costs. Issuers are required to offer one Silver standardized plan and one Gold standardized plan, along with their respective Turquoise variants, as prescribed by beWellnm. Additional information is available at: <https://www.bewellnm.com/about-us/board-committees/health-benefits-committee/>.

- The 2024 Standardized Health Plan requirements can be found here: https://www.bewellnm.com/wp-content/uploads/2023/04/Signed_HBC_Final-2024-Standardized-Health-Plan-Requirements_230420.pdf
- The AC Calculator Screenshots are available here: <https://www.bewellnm.com/wp-content/uploads/2023/04/Final-2024-NM-Standardized-Plans-Approved-by-Committee.xlsx>

Health Care Affordability Fund

BeWellnm will coordinate with OSI on the implementation of the Health Insurance Marketplace Affordability Program under the Health Care Affordability Fund (Section 59A-23F-11 NMSA 1978) and changes for PY2024. Below is a summary of changes for the 2024 Plan Year:

- For Turquoise Variants, primary care and generic drugs must use co-pays and a deductible cannot apply to these services.
- Maximum out-of-pocket limits for Turquoise 2 and 3 Variants are aligned with changes to CCIIO's [PAPI guidance](#).
- Maximum out-of-pocket limits for Turquoise 1 Variants cannot exceed \$500 per individual/\$1,000 per family.
- In the 2023 guidance, issuers were permitted to maintain the same out-of-pocket designs for all Turquoise plans within the specified income range. The out-of-pocket design for all Turquoise Variants must bear a substantial relationship to their underlying -01 standard variant.
- The income limit for Turquoise 3 Variants is raised to 300% FPL. Issuers are no longer required to submit Turquoise 4 Variants.
- Issuers are required to offer the Standardized Health Plans adopted by the beWellnm Board of Directors, including Turquoise Variants.

Additional information about the program can be found here:

<https://www.osi.state.nm.us/pages/bureaus/life-and-health-division/resources/healthcare-affordability-fund>

Please refer to OSI's 2024PY QHP Issuer Submission Guidance and 2024 Health Insurance Marketplace Affordability Program Policy and Procedures Manual for additional information.²

² Available here: <https://www.osi.state.nm.us/pages/bureaus/life-and-health/resources/guidance-for-carriers>

Small Business Health Options Program (SHOP)

BeWellnm intends to change the administration of the SHOP marketplace by decommissioning the technology platform for small business eligibility, shopping, and enrollment in SHOP health and dental plans. BeWellnm will continue to conduct eligibility determinations for small employers, but will refer these small groups to brokers and issuers. All enrollment administration, including changes and premium billing, would be conducted by the issuers. Any issuers seeking additional information about this transition should contact beWellnm at carriers@nmhix.com.

Section 3. Electronic Data Interchange (EDI) Requirements

Please refer to the 834 Companion Guide for EDI requirements.³

Section 4. QHP Application Data Submission

NMHIX and OSI expect issuers to adhere to the QHP certification timeline. NMHIX requires issuers, including SADPs seeking certification, to submit complete QHP applications by the initial form/rates and binder submission deadline outlined in Table 1.

All issuers must obtain Health Insurance Oversight System (HIOS) product and plan IDs through HIOS. The beWellnm Platform, specifically the Plan Management Portal, is used by beWellnm and Issuers to review and verify the accuracy of plan data prior to launching on the shopping platform. Issuers applying for QHP certification will use the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) to submit plan data, including required templates, and any other data required to demonstrate compliance with state and federal law.

Discrepancies between an issuer's submission in SERFF and the Plan Management Portal (see below) may result in a plan not being certified or a compliance action if OSI has already certified a plan. All issuers must complete quality assurance activities to ensure the completeness and accuracy of application data, including reviewing plan data in the Plan Management Portal, and run all review tools provided by CMS as required by OSI. For more information see the OSI 2024PY QHP Issuer Submission Guide.

Section 5. Plan Management Portal

All issuers applying for certification will be able to view plan data in the beWellnm Platform's Plan Management Portal (PMP) – after OSI transfers the data from SERFF – to validate the presentation of plan data prior to launch in the shopping portal. Issuers should utilize the Plan Management Portal environment to verify that their plan display reflects their approved filings and will display properly for consumers. All plans must be verified in the Plan Management Portal by September 5, 2023, as reflected in Table 1. Additional information about the Plan Management Portal and Carrier Onboarding process can be found here: <https://www.bewellnm.com/state-based-exchange/sbe-carriers/>.

Carrier onboarding and testing in the Plan Management Portal (PMP) will be conducted between 6/12/2023 – 8/12/2023. BeWellnm will be hosting a series of meetings with Carriers as a group and individually for onboarding and training. These will be conducted by the beWellnm PMP administrator. Carriers may contact Kevin Swinson, kswinson@nmhix.com, for additional information.

³ 834 Companion Guides can be found at the following webpage (under "Presentations" and "Resources"): <https://www.bewellnm.com/state-based-exchange/sbe-carriers/>.

Section 6. Data Changes

During the initial application submission and before the QHP submission deadline specified in Table 1, issuers can make changes without NMHIX and OSI authorization. After the close of the initial application submission window, issuers may not add new plans to an application or change an off-Exchange plan to be both on- and off-Exchange. In addition, issuers may not change plan type(s) or market type and may not change QHPs, including SADPs, from a child-only plan to a non-child-only plan.

Except for rate changes during the risk adjustment window issuers can only make changes if requested and approved by both NMHIX and OSI. Please refer to *Table 2. Key Dates for QHP Data Changes*.

NMHIX and OSI encourage issuers to only submit plans for certification that they intend to offer to consumers.

After completion of the QHP certification process, beWellnm may allow data corrections during the timeframe specified in Table 2 below. Data changes related to inaccuracies, incompleteness of a QHP Application or discrepancies between the issuer's QHP Application and approved state form/rate filings may result in a compliance action.

Table 2. Key Dates for QHP Data Changes	
Activity	Deadline
Changes permitted without State Authorization	4/19/2023 - 5/29/2023
QHP/SADP certification review, limited changes allowed for risk adjustment or at OSI/NMHIX direction	5/29/2023 – 8/13/2023
Limited data correction window. Post-certification data corrections must have OSI and NMHIX authorization.	8/14/2023 - 8/25/2023

After completion of the OSI certification process on August 14, 2023 and before August 25, 2023, NMHIX and OSI will only allow issuers to make changes and data corrections that are necessary to correct data display errors on the beWellnm Platform and to align QHP display with products and plans approved by OSI. Such changes may result in penalties or plans being suppressed from display on the beWellnm Platform until the data is corrected and refreshed for consumer display.

BeWellnm and OSI will only consider approving changes that do not alter the QHP's certification status and do not require re-review of data previously approved by the OSI or beWellnm.

Issuers are responsible for ensuring that requested changes are in compliance with all applicable state and federal law and QHP certification standards as well as all other guidance issued by beWellnm and OSI.

A request for a data change after the final submission deadline due to inaccuracies, the incompleteness of a QHP Application or discrepancies between the issuer's QHP Application and approved state filings may result in a plan not being certified, decertification, suppression from the beWellnm Platform, or additional compliance action if OSI and NMHIX have already certified a plan as a QHP. Compliance

action includes but is not limited to an administrative penalty assessment by OSI of up to \$10,000 per instance.

Before making QHP Application data changes, issuers are required to provide a justification for each requested change. Issuers must utilize the NM State Data Request Form⁴ and send it via email to OSI, with copy to NMHIX, for authorization and signatures.

Once approved and signed, OSI will send the request to beWellnm for their authorization and signatures. Once approved, NMHIX will send the signed form to the issuer with copy to OSI. Changes will not be authorized without the approval and signature of both, NMHIX and OSI. The signed form must be uploaded as a “Note to Reviewer” in the corresponding SERFF filing.

Plan Withdrawals

To withdraw a plan from consideration during the QHP review period, an issuer must notify OSI and NMHIX via email and submit an official plan withdrawal request via SERFF by submitting a “Note to Reviewer” in the form and rate filing and affiliated binder. This also applies when an issuer seeks to change an on-Exchange QHP under certification consideration to an off-Exchange-only plan.

Plan withdrawal or market withdrawals and other data change requests must be submitted to OSI at viara.ianakieva@osi.nm.gov, with a copy to NMHIX at carriers@nmhix.com.

Section 7. QHP Review Coordination with NMHIX

NMHIX, in consultation with OSI, has defined the relevant submission windows, as specified in Table 1, for reviews as well as dates and processes for corrections and resubmissions. OSI will perform plan and rate reviews and certification, and NMHIX will conduct data validity and URL reviews to ensure plans are presented correctly on the beWellnm Platform.

Issuers seeking certification in New Mexico should continue to refer to OSI direction in addition to this guidance. As noted previously, issuers should comply with any State-specific guidelines for review and resubmission related to State review standards. Issuers must meet all applicable obligations under State and Federal law to be certified for sale on the beWellnm Platform.

NMHIX and OSI will make final certification decisions, and load certified plans on the beWellnm Platform for consumer purchase. NMHIX will provide all of their recommendations and relevant information to issuers in a timely manner and no later than the final plan recommendation deadline noted in Table 1.

Section 8. SERFF Template and Supplemental Templates

BeWellnm will use the CMS templates for Plan Year 2024. For more information see OSI’s 2024PY QHP Issuer Submission Guide. In addition, beWellnm and OSI are requiring the following templates:

Frozen Plan Template

BeWellnm requires issuers to submit a Frozen Plan template specifying the data for the plans that will not be offered on the beWellnm during the 2024PY. The template must be submitted in a .csv format and uploaded under the Supporting Documentation tab of the Plan Management binder.

⁴ The Data Change Request Form can be found at <https://www.bewellnm.com/state-based-exchange/sbe-carriers/> under the “Forms” tab.

OSI Supplemental Turquoise Plan and Benefits Template

Issuers are required to submit a Supplemental Turquoise Plan and Benefits template under the Supporting Documentation tab of the Plan Management Binder in .xls format. Please note that OSI will issue a formatted version of the template to issuers.

Plan Crosswalk

An issuer must crosswalk the 2023 QHP plan ID and service area combinations to a 2024 QHP Plan ID. This data will facilitate enrollment transactions from beWellnm to the issuer for enrollees in the Individual Market who have not actively selected a different QHP during Open Enrollment. Issuer crosswalk authorization forms are available at <https://www.qhpcertification.cms.gov/s/Plan%20Crosswalk>.

Plan crosswalk is required with on-Exchange QHP Application submissions and must be submitted under the Supporting Documentation tab in .xml and .csv formats.

Section 9. Issuer Participation for the Full Plan Year

Issuers seeking QHP certification for individual and group plans must adhere to 45 CFR 156.272 in offering a plan through the entire plan year. This requirement also applies to SADPs offered on the Exchange. The full plan year for plan year 2024 is defined as 1/1/2024-12/31/2024.

CHAPTER 2: Qualified Health Plan and Stand-Alone Dental Plan Standards

Similar to the QHP certification process in past years, OSI will conduct reviews of QHPs and SADPs and provide to CMS and beWellnm the determinations on individual and small group QHPs and SADPs. For more information, please refer to the QHP Submission Guide on OSI's website: at <https://www.osi.state.nm.us/pages/bureaus/life-and-health/resources/guidance-for-carriers>.