

Independent Accountant's Report On Agreed-Upon Procedures

To the Board of Directors and Management of the
New Mexico Health Insurance Exchange

We have performed the procedures enumerated below to assist the New Mexico Health Insurance Exchange (the "Exchange") in meeting the financial and programmatic reporting requirements as specified by the Centers for Medicare and Medicaid Services (CMS) for the completion of certain aspects of the Exchange's State-based Marketplace Annual Reporting Tool (SMART) submission for the year ended December 31, 2022. The Exchange's management is responsible for the accurate processing and accounting of the beWellnm for Small Business receipts and disbursements in accordance with generally accepted accounting principles (GAAP), compliance with 45 CFR (Code of Federal Regulations) Part 155, as well as for the implementation of adequate policies and procedures to prevent improper eligibility determinations and enrollment transactions and for the timely identification of errors that result from incorrect eligibility determinations for the year ended December 31, 2022.

The Exchange has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of assisting the Exchange in meeting the financial and programmatic reporting requirements as specified by the Centers for Medicare and Medicaid Services (CMS) for completion of certain aspects of the Exchange's SMART submission for the year ended December 31, 2022. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes. The Exchange, however, may submit this report to CMS in their SMART submission.

The procedures and the associated findings over beWellnm for Small Business are as follows:

1. BeWellnm for Small Business Receipts and Disbursements Procedures:

We selected a statistical sample of 22 premium invoices, based on a 90% confidence level and 10% tolerable deviation, issued between January 2022 and December 2022. For each premium invoice selected, we performed the following:

- a. Traced the premium payment to the beWellnm invoice generated through NFP Health Services Administrator's (NFP) premium billing system and agreed the premium payment to the applicable amount due and coverage for the period selected.
- b. Traced the premium payment to the Transaction Download Report generated from NFP's premium billing system and agreed the amount to the aggregate daily deposit reported on the Bank of Albuquerque premium disbursement account.

- c. Traced the premium remittance to the Transaction Download Report generated from NFP's premium billing system and the amount agreed to the aggregate withdrawal reported on the Bank of Albuquerque premium disbursement account and remitted to the appropriate insurance carrier(s).
- d. Inspected the journal entries recorded for the premium billing, receipt of payment, and premium remittance payments to verify entries were posted in accordance with GAAP.

Findings:

All premium billings, receipt of payment, and premium remittance payments selected were properly recorded in accordance with GAAP. All premium billings and premium remittance payments selected agreed with the premium invoice, coverage period, the general ledger, bank statements, and carrier remittance documents, as applicable.

2. *Eligibility and Enrollment Procedures:*

For each of the employer groups selected for the procedures in #1 above, we inspected system documentation to determine that eligibility and enrollment for the 2022 coverage year was performed and documented in compliance with policies and procedures and related regulations at the time of initial enrollment. Specifically, we determined the following:

- a. The employer group consisted of more than one employee, but less than 50 employees.
- b. The employer group had a valid Employer Identification Number (EIN) and a physical and/or principal address located in New Mexico.

Findings:

For all employer groups selected, the group consisted of more than one employee but less than 50 employees. Additionally, for all employer groups selected, the group had a valid EIN and either physical or principal address located in New Mexico.

3. *Error Identification – Appeal Procedures:*

Through discussions with Exchange personnel, we gained an understanding of the reasons the Exchange would have an eligibility-based appeal. We read the Exchange's beWellnm for Small Business Policies and Procedures Manual to determine if it addressed the eligibility appeals process and appeared to comply with applicable CFR regulations.

Findings:

The Exchange did not have any eligibility-based appeals submitted between January 2022 and December 2022. However, the Exchange's beWellnm for Small Business Policies and Procedures Manual did address the appeals adjudication process, including the various types of appeals that could be filed, and the process for handling each of them in accordance with CFR requirements.

4. 45 CFR Part 155 Compliance Procedures:

Subpart C

We performed inquiries, observations, walkthroughs, and inspection of documents, where appropriate, to determine if the Exchange had processes, procedures, and

controls in place to meet selected compliance requirements set forth in 45 CFR Part 155, Subpart C. Refer to Appendix A for a detailed listing of the specific procedures performed.

Findings:

During our procedures over 45 CFR 155, Subpart C, no exceptions were found as a result of applying the procedures listed in Appendix A.

The procedures for other areas, as presented in Appendix A, did not result in the identification of findings to report.

Subpart K

In accordance with Section 3, Subsection B of the New Mexico Health Insurance Exchange Act (the “Act”), New Mexico Statutes Annotated 1978, 59A-23F-1 through 23F-8, the Exchange shall not duplicate, impair, enhance, supplant, infringe upon or replace, in whole or in any part, the powers, duties or authority of the New Mexico Superintendent of Insurance, including the Superintendent’s authority to review and approve premium rates pursuant to the provisions of the New Mexico Insurance Code. The Exchange does not have the legal authority, either by statute or contract, to perform the federal requirements outlined in Subpart K. As a result, procedures were not performed to determine the Exchanges’ compliance with 45 CFR 155, Subpart K.

The procedures and the associated findings over the beWellnm individual marketplace are as follows:

5. BeWellnm for Individual Marketplace Receipts and Disbursements Procedures:

We selected a statistical sample of 22 premium invoices, based on a 90% confidence level and 10% tolerable deviation, issued between January 2022 and December 2022. For each premium invoice selected, we performed the following:

- a. Traced the premium payment to the beWellnm invoice generated through NFP Health Services Administrator’s (NFP) premium billing system and agreed the premium payment to the applicable amount due and coverage for the period selected.
- b. Traced the premium payment to the Transaction Download Report generated from the NFP’s billing system and agreed the amount to the aggregate daily deposit reported on the Bank of Albuquerque premium disbursement account.
- c. Traced the premium remittance to the Transaction Download Report generated from the NFP billing system and the amount agreed to the aggregate withdrawal reported on the Bank of Albuquerque premium disbursement account and remitted to the appropriate insurance carrier(s).
- d. Inspected the journal entries recorded for the premium billing, receipt of payment, and premium remittance payments to verify entries were posted in accordance with GAAP.

Findings:

All premium billings, receipt of payment, and premium remittance payments selected were properly recorded in accordance with GAAP. All premium billings and premium remittance payments selected agreed with the premium invoice, coverage period, the general ledger, bank statements, and carrier remittance documents, as applicable.

6. *Eligibility and Enrollment Procedures:*

For each of the 22 individuals selected for the procedures in #5 above, we inspected system documentation to determine that eligibility and enrollment for the 2022 coverage year was performed and documented in compliance with policies and procedures and related regulations at the time of initial enrollment. Specifically, we determined the following:

- a. The individual was verified to be a citizen of the United States, national, or a non-citizen who is lawfully present in the United States.
- b. The Individual was verified to not be incarcerated, other than incarcerated pending the disposition of charges.
- c. The individual is a resident of the State of New Mexico, provided that they live New Mexico or intend to reside in New Mexico by the coverage effective date.
- d. If applicable, the individual meets the criteria to obtain financial assistance of Advanced Payments of the Premium Tax Credit and Cost Sharing Reductions (CSRs), including the following:
 - i. Have a projected annual modified adjusted gross income between 100% and 400% of the Federal Poverty Level or expanded income eligibility requirements included in the American Rescue Plan Act of 2021.
 - ii. Are a tax filer, or a member of a household with a tax filer, who is married and filing jointly or single and filing single.
 - iii. Are not eligible or enrolled in other qualifying minimum essential coverage, such as Medicare, Medicaid, or other government-sponsored health insurance, or affordable employer-sponsored insurance that meets the minimum requirements.

Findings:

For the 22 individuals selected, all were verified to be United States citizens, nationals, or non-citizens lawfully presented in the United States. Additionally, all individuals selected were verified to not be incarcerated at the time of enrollment and found to be residents in the State of New Mexico. Lastly, for individuals selected seeking financial assistance, all were found to have annual modified adjusted gross incomes between 100% and 400% of the Federal Poverty Level, or the expanded income eligibility requirements included in the American Rescue Plan Act of 2021, a tax filer or member of a household with a tax filer with the appropriate tax filing status, and not eligible for other qualifying minimum essential coverage or affordable employer-sponsored insurance.

7. *Error Identification – Appeal Procedures:*

Through discussions with Exchange personnel, we gained an understanding of the reasons the Exchange would have an eligibility-based appeal. We viewed the Exchange's beWellnm Policies and Procedures Manual for the individual marketplace to determine if it addressed the eligibility appeals process and appeared to comply with applicable CFR regulations.

We selected a statistical sample of 22 appeals, based on a 90% confidence level and 10% tolerable deviation, issued between January 2022 and December 2022. For each premium invoice selected, we performed the following:

- a. Determined that the appeal is in a category deemed as an eligible appeal according to the Exchange's policy.
- b. Verified that a written notice was sent to the appellant acknowledging that the Exchange received the appeal request and an explanation that the appeal is pending.
- c. Observed case notes documented by the Exchange's personnel to ensure proper treatment of the appeal, including information requested and obtained from the appellant.
- d. Verified the appeal was accepted, investigated, and resolved within 45 days or administratively feasible, up to a maximum of 90 days from the date of the appeal.
- e. Observed that case notes were included the final appeal decision reached by Exchange personnel.
- f. Verified that a written "Notice of Appeal Decision" was sent to the appellant indicating the final decision reached by Exchange personnel.

Findings:

For all individuals selected, the appeal was eligible under the Exchange's appeals policy. Of the 22 individuals selected, 15 individuals did not receive a written notice acknowledging the receipt of their appeal. For all individuals selected, case notes were observed documenting the appeals process, including contact with the appellant, information requested and obtained from the appellant, and resolution of the appellant's appeal. Of the 22 individuals selected, six individuals' appeals were not closed in the system within the maximum of 90 days from the date of the appeal. For all individuals selected, case notes were observed documenting the contact with appellant, review of the appeal, and the appeal decision reached by Exchange personnel. Lastly, of the 22 individuals selected, 15 individuals did not receive a written "Notice of Appeal Decision" indicating the final decision was reached by Exchange personnel. Prior to October 2022, the Exchange's system did not generate written notifications to appellants. Of the 22 individuals selected, seven individual appeals occurred October 2022 or later and all were issued written acknowledgement and Notice of Appeals Decision.

8. 45 CFR Part 155 Compliance Procedures:

Subpart D

We performed inquiries, observations, walkthroughs, and inspection of documents, where appropriate, to determine if the Exchange had processes, procedures, and controls in place to meet selected compliance requirements set forth in 45 CFR Part 155, Subpart D. Refer to Appendix A for a detailed listing of the specific procedures performed.

Findings:

During our procedures over 45 CFR 155, Subpart D, no exceptions were found as a result of applying the procedures listed in Appendix A.

The procedures for other areas, as presented in Appendix A, did not result in the identification of findings to report.

Subpart E

We performed inquiries, observations, walkthroughs, and inspection of documents, where appropriate, to determine if the Exchange had processes, procedures, and controls in place to meet selected compliance requirements set forth in 45 CFR Part 155, Subpart E. Refer to Appendix A for a detailed listing of the specific procedures performed.

Findings:

During our procedures over 45 CFR 155, Subpart E, no exceptions were found as a result of applying the procedures listed in Appendix A.

The procedures for other areas, as presented in Appendix A, did not result in the identification of findings to report.

We were engaged by the Exchange to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the AICPA and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on the accurate processing and accounting of the beWellnm for Small Business receipts and disbursements in accordance with generally accepted accounting principles (GAAP), compliance with 45 CFR Part 155, as well as for the implementation of adequate policies and procedures to prevent improper eligibility determinations and enrollment transactions and for the timely identification of errors that result from incorrect eligibility determinations for the year ended December 31, 2022. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the Exchange and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely for the information and use of the Board of Directors, management of the Exchange, and CMS, and is not intended to be and should not be used by anyone other than these specified parties.

REDW LLC

Albuquerque, New Mexico

May 31, 2023

New Mexico Health Insurance Exchange APPENDIX A

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart C – General Functions of an Exchange</i>		
155.200	Functions of an Exchange	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Deputy CEO/CFO to gain an understanding of the Exchange’s operations and the applicability of the federal requirements. • Determined that the Exchange was not operating on behalf of a Qualified Health Plan (QHP) by viewing the NFP/beWellnm for Small Business website, which supported the fact that the Exchange operates as a virtual marketplace where employers can shop for various QHP’s offered by carriers, and through discussions with the Exchange’s Deputy CEO/CFO, and scanning financial activity in the general ledger.
155.205	Consumer Assistance Tools and Programs of an Exchange	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s CEO, Deputy CEO/CFO, to discuss their understanding of the federal requirements and where required information was available to consumers. • Observed the operations of the Exchange’s in-house call center. • Viewed the Exchange’s website, www.bewellnm.com, observing the following information was displayed: the call center number 1-833-ToBeWell, premium and cost-sharing information, the summary of benefits and coverage, the identification of each level of QHP offered, and the provider directory. We also observed that there was accessibility for those living with disabilities and numerous available language translation services. • Viewed the Plan Comparison tool and the Anonymous Shopping tools on the website and gained an understanding of their functionality. • Viewed the functionality of the toggle feature on the website allowing for different languages.

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart C – General Functions of an Exchange</i>		
155.220	Ability of States to Permit Agents and Brokers to Assist Qualified Individuals, Qualified Employers, or Qualified Employees Enrolling in QHP's	<ul style="list-style-type: none"> • Discussed the federal requirement with the Exchange's Operations Specialist of beWellnm for Small Business and personnel at the New Mexico Office of the Superintendent of Insurance's Life and Health Division to gain an understanding of the use of Agents and Brokers and to discuss their overall knowledge of the related requirements. • Viewed various training materials over privacy, security, and compliance as well as the Compliance Participant's Guide.
155.230	General Standards for Exchange Notices	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange's Deputy CEO/CFO and Operations Specialist to gain an understanding of their knowledge of the requirements and the types of notices received through the beWellnm for Small Business website and methods in which notices are sent to employer groups. • Obtained beWellnm for Small Business's current system of notices and read them for the required notice language. • Viewed the NFP/beWellnm for Small Business website where notices are sent and received through employer group "in-boxes."
155.240	Payment of Premium	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange's Deputy CEO/CFO and Senior Accountant to gain an understanding of their knowledge of the federal requirements and the premium billing and premium remittance process. • Performed a walk-through of the Exchange's premium billing and carrier remittance transaction cycle. • Performed detailed procedures on a sample of 22 premium bills (see full Agreed-Upon Procedures Report). • Viewed the Plan Comparison Tool on the NFP/beWellnm for Small Business website to assess calculation of premium.

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart C – General Functions of an Exchange</i>		
155.260	Privacy and Security of Personally Identifiable Information (PII)	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Specialist to gain an understanding of the types of PII created/obtained/maintained by the Exchange and the processes and controls for ensuring privacy and security. • Obtained a listing of those employees with access to PII and determined that the access levels were appropriate. • Viewed the Exchange’s Privacy Policy and the link to this policy on the website. • Observed the Exchange’s Deputy CEO/CFO and Senior Accountant logging into the NFP/beWellnm for small business website using unique usernames and passwords. • Observed shred bins onsite at the Exchange that are utilized for accumulating sensitive documents for disposal. • Viewed a vendor contract and identified that specific language concerning confidentiality, privacy and security was included. • Observed compliance notices/signs onsite at the Exchange, including a hotline to report noncompliance and fraud. • Observed one Exchange employment agreement to verify that it contained requirements for complying with applicable security, confidentiality, and other federal and state regulations. • Read the Exchange’s policies and procedures related to the creation, collection, use, and disclosure of PII.

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
Subpart C – General Functions of an Exchange		
155.270	Use of Standards and Protocols for Electronic Transactions	<ul style="list-style-type: none"> Discussed the federal requirement with the Exchange’s Operations Specialist to gain an understanding of the applicability of these requirements and their knowledge in the area. Discussed encryption controls and data transfer processes with NFP Health’s Information Security Department. Viewed the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Breach and Migration training documents.
155.206, 155.210, 155.215, 155.221, 155.222, 155.225, 155.227, 155.280, 155.285	Various Sections	<ul style="list-style-type: none"> For these federal requirements, we inquired with the Exchange’s Deputy CEO/CFO, and Operations Specialist, and all agreed that these sections of the CFR were not applicable to the Exchange and its activities as of December 31, 2022, as the Exchange currently uses the federal healthcare platform for the individual exchange.

CFR Section	Title of Section	Procedures Performed by REDW
Subpart D – Exchange Functions in the Individual Market: Eligibility Determinations for Exchange Participation and Insurance Affordability Programs		
155.300	Definitions and General Standards for Eligibility Determinations	<ul style="list-style-type: none"> For these federal requirements, these are the definitions for the Subpart D. Therefore, no procedures were performed over this section.
155.302	Options for Conducting Eligibility Determinations	<ul style="list-style-type: none"> Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination process. Viewed the application and application process for predetermination of Medicaid, CHIP, and BHP. Viewed the application and application process for determination of Advance payments of the Premium tax credit and cost-sharing reductions. Performed detailed procedures over a sample of 22 eligibility determinations (see full Agreed upon Procedures Report)

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart D – Exchange Functions in the Individual Market: Eligibility Determinations for Exchange Participation and Insurance Affordability Programs</i>		
155.305	Eligibility Standards	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination process. • Viewed the application and application process for the necessary information outlined in this section • Viewed the application and application process for determination of Advance payments of the Premium tax credit and cost-sharing reductions. • Performed detailed procedures over a sample of 22 eligibility determinations (see full Agreed upon Procedures Report)
155.310	Eligibility Process	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination process. • Viewed the application and application process for the necessary information outlined in this section. • Viewed the application and application process for determination of Advance payments of the Premium tax credit and cost-sharing reductions. • Performed detailed procedures over a sample of 22 eligibility determinations (see full Agreed upon Procedures Report)
155.315	Verification process related to eligibility for enrollment in a QHP through the Exchange	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the verification of eligibility process. • Viewed the application and application process for the necessary information outlined in this section. • Viewed the application status and determination online form for status of eligibility and request for more information. • Performed detailed procedures over a sample of 22 eligibility determinations (see full Agreed upon Procedures Report)

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart D – Exchange Functions in the Individual Market: Eligibility Determinations for Exchange Participation and Insurance Affordability Programs</i>		
155.320	Verification process related to eligibility for insurance affordability programs	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination for insurance affordability programs. • Reviewed policies and procedures for determination of these affordability programs. • Reviewed the application and application process for necessary information necessary to make these determinations.
155.330	Eligibility redetermination during a benefit year	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination for redetermination during a benefit year. • Reviewed policies and procedures for determination of these affordability programs. • Viewed the application and necessary information for the eligibility determination. • Viewed the ability of the NMHIX staff to edit an application when new information is presented and that may need additional verification.
155.335	Annual eligibility redetermination	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the annual redetermination process. • Viewed the policies and procedures for annual redeterminations. • Viewed redeterminations provided by NMHIX for the individual(s) and viewed notices sent to the individual(s).
155.340	Administration of advance payments of the premium tax credit and cost-sharing reductions.	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the eligibility determination and administration of the APTC and cost sharing reductions. • Reviewed the online application for the necessary information to determine if the individual(s) are eligible to receive these benefits. • Performed detailed procedures on a sample of 22 individual eligibility determinations (See full Agreed-Upon Procedures Report).

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart D – Exchange Functions in the Individual Market: Eligibility Determinations for Exchange Participation and Insurance Affordability Programs</i>		
155.345	Coordination with Medicaid, Children’s Health Insurance Program (CHIP), the Basic Health Program (BHP), and the Pre-existing Condition Insurance Plan	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the Medicaid, CHIP, and BHP programs. • Reviewed policies and procedures for the process over the pre-determination of eligibility before sending individuals to the state website. • Reviewed the application process for the necessary information needed for a pre-determination of these sections.
155.350	Special eligibility standards and process for Indians.	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the special standards and process for Indians. • Reviewed policies and procedures for the eligibility rules specific to American Indian/Alaska Natives individuals and families. • Reviewed an eligibility determination from the system to ensure that the determination from an individual’s application is taking into consideration that the individual fits into this category and that the process is including these requirements.
155.355	Right to appeal	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of individuals right to appeal eligibility determinations. • Performed detailed procedures on a sample of 22 appeals (See full Agreed-Upon Procedures Report).

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart E – Exchange Functions in the Individual Market: Enrollment in Qualified Health Plans</i>		
155.400	Enrollment of qualified individuals into QHPs.	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the enrollment requirements and process for enrollment of the individuals in a QHP. • Performed detailed procedures on a sample of 22 premium bills (see full Agreed-Upon Procedures Report). • Reviewed monthly reconciliation for billing individuals enrolled with QHPs to ensure proper enrollment and proper billing with QHPs.
155.405	Single streamlined application	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the application and applicable applications. • Performed detailed procedures on a sample of 22 premium eligibility and enrollment (see full Agreed-Upon Procedures Report). • Viewed the various parts of the online application in which the individuals fill out with the particular required information.
155.410	Initial and annual open enrollment periods	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the initial and annual open enrollment periods. • Viewed website at beWellnm.com and Policies and Procedures for the dates of the annual open enrollment.
155.415	Allowing issuer or direct enrollment entity application assisters to assist with eligibility applications.	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the use of application assisters to assist with applications for eligibility determinations. • Viewed various training materials over privacy, security, and compliance as well as the Compliance Participant’s Guide.

**New Mexico Health Insurance Exchange
APPENDIX A – continued**

CFR Section	Title of Section	Procedures Performed by REDW
<i>Subpart E – Exchange Functions in the Individual Market: Enrollment in Qualified Health Plans</i>		
155.420	Special enrollment periods (SEPs)	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding of the use of special enrollment periods. • Viewed beWellnm.com for language on what a qualifying event is for special enrollment period. • Viewed beWellnm.com for procedures necessary for an individual to be enrolled in a QHP during an SEP. • Viewed policies and procedures for SEPs.
155.430	Termination of Exchange enrollment or coverage	<ul style="list-style-type: none"> • Discussed the federal requirements with the Exchange’s Operations Manager to gain an understanding terminations and termination effective dates. • Reviewed policy and procedures in the instance of a termination. • Reviewed a termination notice for nonpayment scenario. • Reviewed retroactive termination due to coverage obtained through Medicare and proof of coverage effective date.