

New Mexico Medical Insurance Pool Update

**LHHS Presentation
September 14, 2022**

New Mexico Medical Insurance Pool (NMMIP)

- ▶ Legislatively created in 1987 as non-profit entity whose Purpose is:
 - ▶ “...to provide access to health insurance coverage to all residents of New Mexico who are denied adequate health insurance and are considered uninsurable.”
 - ▶ Benefits offered reflect, at a minimum, coverage generally available in NM for small group policies

GOVERNANCE and ADMINISTRATION

- ▶ Board of Directors (11 members)
 - ▶ Superintendent of Insurance (Chair), Insurance Reps (4), Physician, Statewide Health Planner, Consumers (2) and Community Members (2)
- ▶ Administration *By Contract through Procurement Process:*
 - ▶ Executive Office ~ Delta Management Group
 - ▶ Plan and Network Administrator ~ Value Health Benefit Administrators

NMMIP Board of Directors

Executive Office Delta Management Group

- General Management of the Pool
- Program planning, and coordination
- Grievances/Appeals
- Board Support
- Clinical Care Team oversees care management program

NMMIP Administrator Value Health Benefit Admin

- Eligibility/Enrollment
- Customer Service
- Premium Administration
- Network Management
- Claims processing
- Reporting
- Coordinates with PBM and Medical Case Management

NMMIP Pharmacy Manager Elixir

- Manages pharmacy benefits and formulary for NMMIP Regular Plan
- Manages coordination with Part D for Medicare Carve Out Plan

NMMIP Medical Case Management CORUS

- Integrated Case Management
- Transition of Care
- Clinical Support at home/ER Diversion
- Remote Patient Monitoring

FUNDING MECHANISMS ~ 2022 Figures

- ▶ 2022 Budget - \$134,000,000
- ▶ Premiums ~ 10% **\$12,384,968**
- ▶ Health/Life Insurance Carrier Assessments ~ 90%
\$121,599,563
- ▶ Carriers receive Tax Credit equal to ~ 55% of assessment paid
- ▶ 360 Carriers are assessed based on individual, group and Medicaid business (excludes self-insured plans)

Demographics and Statistics

Active Policyholders as of 7/31/2022: 3,823

- ▶ Percentage enrolled in the Low-Income Premium Program: 75%
- ▶ Percentage sponsored by a Third Party: 15%
**Third Party Payors: Department of Health, American Kidney Fund, etc.*

Enrollment by plan:

- ▶ NMMIP Plan - 3,538
- ▶ Medicare Carve Out - 285

- ▶ Average age: 46

ELIGIBILITY REQUIREMENTS

- ▶ Resident of NM; and
- ▶ Been Rejected for Individual Comprehensive Coverage (*Rejection of coverage = ineligible for any other coverage*), or
- ▶ If an individual has lost their previous coverage, with no gap of greater than 95 days, they can enroll.

***Individuals are not eligible** if they can be covered under a Group Insurance Plan, Medicaid, or Medicare (if they are over 65).

PREMIUM RATES

- ▶ Based on AGE, DEDUCTIBLE and REGION. Set by the Board annually.
- ▶ Currently set at 110% of “Standard Risk Rate”
- ▶ Low-Income Premium Program offers discounted premiums for those with incomes < 400% FPL

LOW-INCOME PREMIUM PROGRAM

Qualifying Income Guidelines - 2022

Household Size	0-199% of Poverty	200-299% of Poverty	300-399% of Poverty
	75% Premium Reduction	50% Premium Reduction	25% Premium Reduction
1	\$24,855	\$37,345	\$49,835
2	\$33,651	\$50,561	\$67,471
3	\$42,447	\$63,777	\$85,107
4	\$51,243	\$76,993	\$102,743
5	\$60,038	\$90,208	\$120,378

FULL PREMIUM EXAMPLES 2022

Bernalillo Co.

Age	500 Deductible	1000 Deductible	2000 Deductible	5000 Deductible
0-14	\$289	\$253	\$204	\$138
20	\$366	\$321	\$258	\$176
25	\$379	\$333	\$267	\$182
35	\$461	\$405	\$325	\$221
45	\$545	\$478	\$384	\$261
55	\$842	\$739	\$594	\$404
64	\$1,133	\$994	\$799	\$543

Medicare Carve Out Plan

- ▶ Individuals under the age of 65 and on Medicare due to a disability can apply for the Medicare Carve Out Plan through NMMIP
- ▶ Medicare A and B are primary, the Medicare Carve Out plan is a secondary plan.
- ▶ Medicare Carve Out members must enroll in a Part D plan and pay the monthly premium. NMMIP will pay the out-of-pocket costs for medications on the Part D formulary.

NMMIP Benefit Designs/Network

- ▶ The current plan design is an EPO (Exclusive Provider Organization) that utilizes the Private HealthCare Systems Network (PHCS). This plan design allows access to contracted providers out of state, but only covers out-of-network claims in urgent, emergent or "surprise billing" circumstances.

The Benefit Plans are as follows:

- ▶ \$500 Deductible/\$5,000 Max OOP
- ▶ \$1,000 Deductible/\$5,000 Max OOP
- ▶ \$2,000 Deductible/\$6,000 Max OOP
- ▶ \$5,000 Deductible/\$7,350 Max OOP

Broker Commission

- ▶ Brokers assisting a new applicant into the NMMIP are eligible to receive a one-time commission of \$300 after the policy has become effective.
- ▶ Brokers assisting a NMMIP member transitioning out of NMMIP into the Exchange or Medicaid are eligible to receive a \$300 fee.
- ▶ <https://nmmip.org/blog/broker-information/>

NMMIP's Clinical Care Management

- ▶ Integrated Intensive Care Management - Facilitate communication and help identify needs to manage patient care.
- ▶ Transition of care - discharge planning starts the date of admission by communication with the facility and the member.
- ▶ Clinical Support at Home/Emergency Room Diversion - A care plan is created that addresses the member's needs, reviews the social determinants of health and communicates among the other providers involved in the member's care.
- ▶ Remote patient monitoring - supports members at home to monitor vitals, provide video/telephonic visits and decrease the need for urgent/ER visits.

Contact Information

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