

New Mexico Medical Insurance Pool LHHS Presentation

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Presented By:

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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 reflect, at a minimum, coverage generally available in NM for small group policies

Statutory ELIGIBILITY REQUIREMENTS

- ▶ Resident; and
- ▶ Rejection for Individual Comprehensive Coverage; or
- ▶ HIPAA Eligible
 - ▶ Had 18 months of previous coverage, last of which was Group, with no gap > 95 Days

****Ineligible** if eligible for Group Ins, Medicaid, Medicare over 65

**Eligibility exceptions - closed enrollment/Medicaid denial, gap coverage, partial Medicare eligibility, maxing out benefits, etc.*

PREMIUM RATES

- ▶ Based on AGE, DEDUCTIBLE, REGION, SMOKER
- ▶ Currently set at 106% of “Standard Risk Rate”
- ▶ Low-Income Premium Program
 - ▶ Discounted premiums for those < 400% FPL

PREMIUM EXAMPLES 2021

Bernalillo Co. Non-Smoker

Age	Full Premium Deductible	25% LIPP Deductible	50% LIPP Deductible	75% LIPP Deductible
0-14	\$280	\$210	\$140	\$70
25	\$368	\$276	\$184	\$92
35	\$448	\$336	\$224	\$112
45	\$529	\$396	\$264	\$132
55	\$818	\$613	\$409	\$204
64	\$1,100	\$825	\$550	\$275

LOW-INCOME PREMIUM PROGRAM

Qualifying Income Guidelines - 2020

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

** May Appeal for consideration of current income.*

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

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.

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