

## **Frequently Asked Questions (FAQ's) for QHP Submissions in New Mexico**

### **Q: Who can participate in the Exchange?**

**A:** Carriers that currently maintain a certificate of authority in the State of New Mexico are eligible to participate in the upcoming Plan Year Exchange. The carrier must be in good standing, be licensed to transact health insurance, and must receive a specific designation on its Certificate of Authority to participate.

### **Q: Will carriers have a limitation on the timeframe to decide if they want to participate in the Exchange?**

**A:** Yes, The Office of Superintendent of Insurance (OSI) has established deadlines for the upcoming plan year submissions; please see the chart located on the OSI website for more details:

<http://osi.state.nm.us/healthcare-reform/index.html>

### **Q: Will carriers be required to participate in both the individual and small group markets?**

**A:** No, carriers can offer policies in just the individual exchange or just the SHOP exchange.

### **Q: Will carriers be required to offer the same plan On and Off the Exchange?**

**A:** Yes, carriers must make available an off-exchange plan to mirror each on-exchange plan submitted.

### **Q: Will carriers participating in the exchange be required to offer plans at more than the two levels of coverage required by the ACA (Silver and Gold)?**

**A:** No, carriers will only be required to offer two levels of coverage.

### **Q: Will carriers be required to offer more than one plan at any one metal level?**

**A:** Carriers/Issuers must offer three silver plan variations for each silver QHP, and one zero cost sharing plan variation, as well as one limited cost sharing plan variation for each metal level QHP. Silver plan variations must have a reduced annual limitation on cost sharing, cost sharing requirements, and AVs that meet the required levels within a de minimis range. Benefits, networks, non-EHB cost sharing, and premiums cannot change. All cost sharing must be eliminated for the zero cost sharing plan variation. Cost sharing for certain services must be eliminated for the limited cost sharing.

### **Q: How will provider network adequacy be determined?**

**A:** Except for the new Essential Community Providers requirements, network adequacy will be evaluated by the same standards currently in use by the NM OSI. New Mexico has chosen to follow the federal guidelines for Essential Community Provider requirements. This "ECP Supporting Documentation Instructions" form outlines the requirements.

### **Q: How extensively must a QHP cover the geographical area?**

**A:** The ACA requires that the geographic region must be at least an entire county. New Mexico requires that carriers must offer at least one statewide plan at the metal level of any other plan submitted at a given metal level. (For example, if Carrier A has submitted a plan available at all the metal levels, then they need to provide at least one statewide plan at all the metal levels. If Carrier A has only submitted plans at the Silver and Gold levels, then they only need to provide statewide plans at the Silver and Gold Levels.)

**Q: Will carriers be allowed to apply area rating factors?**

**A:** New Mexico has chosen to define the number of rating areas in New Mexico as being four Metropolitan Service Areas (MSAs) plus one. See [map](#). The value of the factors applied to each rating area will be determined by each carrier as would be appropriate given their unique contractual arrangements within that area. The cap on a maximum differential between the highest and lowest rated area is 40%.

**Q: What will the rating factor be for tobacco?**

**A:** The maximum ratio will be 1:1.5.

**Q: What is the maximum small group size? Are groups of one allowed?**

**A:** The maximum small group size is 50. Groups of one will not be allowed; for more information on group size please see NMSA 1978 59A-23.

**Q: What are the risk pool reporting requirements?**

**A:** Carriers must contact your CMS State Officer for guidance.

**Q: Will Maximum Out-of-Pocket (MOOP) cost sharing amounts be different for the upcoming Plan year?**

**A:** Please refer to the Federal Register for final rulings.

**Q: What will the final assessment fees/taxes be for participating carriers?**

**A:** Such fees and assessments will be determined by the New Mexico Insurance Exchange (HIX)

**Q: How must pediatric vision be submitted?**

**A:** New Mexico requires QHPs to embed pediatric vision into the plan; Pediatric vision will only be mandatory for family plans. Please submit pediatric vision coverage as a rider in SERFF- Please see Dental & Vision FAQ's for any additional information.

**Q: Will New Mexico allow us to form our own SBC?**

**A:** No, the OSI requires the submission of federal Summary of Benefits and Coverage (SBC) to be submitted, the state will also not allow a Summary of Benefits (SOB) to be submitted in lieu or in addition to the federally required SBC. The correct templates and instructions can be found at: <http://www.dol.gov/ebsa/healthreform/regulations/summaryofbenefits.html>. Please see NM OSI issued Bulletin 2016-002 for additional details.