

# Redeterminations and Renewals

Post-Application Process: Part 2 of 2



# Introduction

BeWell is required to redetermine eligibility for Marketplace plans, as well as any federal assistance (if applicable), for an enrollee and their dependent(s) based upon a change to any eligibility criteria. This includes information reported by the enrollee or obtained by BeWell through a data match during the plan year. This training outlines BeWell's redetermination and annual renewal processes.

# Main Topics

- Eligibility Determinations During the Plan Year
- Trusted Data Sources: The Hub
- Changes During the Plan Year
- Annual Redetermination and Renewal Process
- Renewals
- Plan Mapping
- The Renewal Notice

# Eligibility Determinations During the Plan Year



- BeWell is required to redetermine eligibility for a Marketplace plan, as well as the PTC and CSR (if applicable), based on a change to eligibility criteria.
- These redeterminations may be the result of:
  - Information reported by the enrollee.
    - Consumers must report certain life changes that affect their eligibility for coverage or financial assistance to BeWell within 30 days.
      - Depending on the change, the consumer may be eligible for a Special Enrollment Period (SEP).
    - A change reported by the enrollee may need to be verified before it is finalized.

# Eligibility Determinations During the Plan Year (Continued)



- These redeterminations may be the result of:
  - Information obtained by BeWell through periodic data matching (PDM) during the plan year.
  - BeWell is also required to periodically check data of enrollees receiving financial assistance throughout the plan year.
  - If BeWell identifies updated information with trusted data sources, it will notify the enrollee they have at least 30 days to updated their information.
    - If the enrollee confirms the information in the notice, eligibility will be updated.
    - If the enrollee provides different information, BeWell will verify the information and update eligibility.
    - If the enrollee does not respond to the notice, BeWell will update eligibility using the information collected via data matching, unless such data matching is related to income, family size, or family composition. If the enrollee does not respond to data matching regarding income, family size, or family composition, no change will be made to the eligibility.

# Trusted Data Sources: The Hub



- BeWell uses a tool offered by the Centers for Medicare and Medicaid Services (CMS) called the Data Services Hub (the “Hub”) that helps verify consumer information used to determine eligibility for enrollment in qualified health plans and insurance affordability programs (APTC, CSR, and Medicaid).
- The Hub provides one connection to the common federal data sources needed to verify consumer application information for income, citizenship, immigration status, access to minimum essential coverage, etc.

# Changes During the Plan Year



- If an enrollee reports a change that results in an assessment by BeWell that the enrollee is likely eligible for full Medicaid, the enrollee will no longer be eligible for the PTC and CSR. However, the Marketplace coverage will remain in place, unless the enrollee has requested it be removed if they are determined eligible for Medicaid.
- If determined eligible for Medicaid by the New Mexico Health Care Authority (HCA), enrollees may choose to end their Marketplace coverage. If consumers do not choose to end their Marketplace coverage, they may remain eligible and enrolled, but without financial assistance. The enrollee will be responsible for the full cost of the Marketplace plan purchased through BeWell.
- **Note:** If the consumer is assessed as eligible for Medicaid due to special conditions, the Marketplace coverage and benefits will remain in place until a Medicaid determination is completed by HCA.

# Annual Redetermination and Renewal Process



- BeWell strives to make the redetermination and renewal process as easy as possible for consumers. Therefore, BeWell will automatically renew an enrollee's coverage for the next plan year if the individual is found eligible.
  - **Example:** Mary is enrolled in coverage for plan year 2024. BeWell redetermines her eligibility for plan year 2025 and renews her coverage.
- Individuals who are no longer eligible to purchase health coverage through BeWell will not be renewed into coverage for the new plan year.
  - These individuals can reapply and enroll in coverage, if eligible, during the annual Open Enrollment Period (OEP).

# Annual Redetermination and Renewal Process (Continued)



- BeWell annually redetermines enrollees' eligibility for Marketplace coverage and financial assistance, including APTC, cost-sharing reductions (CSR), and state subsidies, as applicable.
  - Who: All existing enrollees, unless BeWell has a termination notice on file.
  - When: Mid to late October.
  - What: Redeterminations are based on the most recent income information that BeWell has for the enrollee from trusted data sources.
  - **Note:** To receive APTC and CSR, applicants are required (on their initial application) to authorize BeWell to access tax return information to determine their premium tax credit (PTC) eligibility for the renewal coverage year. Otherwise, BeWell will redetermine eligibility only for enrollment in a Marketplace plan (without financial assistance).

# Renewals

- After redetermining eligibility for the coming PY, we map them into coverage for the renewal year and send consumers their annual renewal notice before OEP. The Renewal Notice is sent in late October before the annual OEP. The notice can also be found in the enrollee's Message Center in their online account.
- Consumer Steps:
  - If the household's information is still correct and they do not have any changes to report, they do not have to take any action.
  - The household may also update their information for the renewal year during the annual OEP and BeWell will rerun eligibility.
  - Even if there is no change to a household's information, the household is encouraged to review their renewal plan shown in their notice and shop, if they choose, for the plan that best meets the household's needs during the OEP.
  - Renewed consumers should pay their premium for January coverage by December 31.

# Plan Mapping: Overview



- Enrollees will be renewed into a similar (“mapped”) plan if their current plan is not available for the next coverage year.
- Enrollees are often mapped into plans of the same metal tier with a few exceptions:
  - Exiting carriers – if a carrier will not be offering plans for the next year, members may be mapped to a plan in a different metal tier if the original metal tier is not offered by another carrier.
  - Silver to Gold Metal Tier plan mapping in some instances.

# Plan Mapping: Overview (Continued)



- The “Why”
  - Consumers may be mapped into a different plan for the renewal year:
    - To maximize affordability and maintain access to the highest value plans.
    - To ensure access to Gold plans when available.
      - **Note:** Gold plans are often cheaper than Silver plans.
    - To provide access to state subsidies available through the Marketplace Affordability Program (MAP).
      - This includes the New Mexico Premium Assistance (NMPA), Native American Premium Assistance (NAPA), and Turquoise Plans.

# Plan Mapping: General Crosswalk Explanation



- If carriers exit the BeWell Marketplace, it is important that their consumers do not become uninsured.
- BeWell and carriers send out notices to consumers to let them know about the change and to encourage them to shop for a plan that meets their needs during the annual OEP.
- If an enrollee who is enrolled in a plan offered by a carrier who is leaving the Marketplace does not pick a new plan, they will be enrolled into a similar plan offered by another carrier in the renewal year.

# Plan Mapping: Limitations



- Limitations on plan mapping:
  - Plan mapping is done at a base level, based on premiums vs. cost-sharing requirements.
    - Consumers should look at plans in detail.
  - Provider networks and formularies are not considered.
    - Consumers should make sure their providers accept their new plan and that their new plan covers the prescriptions they need.

# Plan Mapping: How It Is Done

- One-to-One Plan Crosswalk
  - SERFF (System for Electronic Rate and Form Filing) Plan Mapping
  - Silver to Gold Plan Mapping Rules from OSI
- Alternate Plan Mapping
  - Alternate Plan Mapping Rule
  - Alternate Plan Mapping Rule: Turquoise Plans
- Exiting Carrier Plan Mapping

# Plan Mapping: One-to-One Mapping



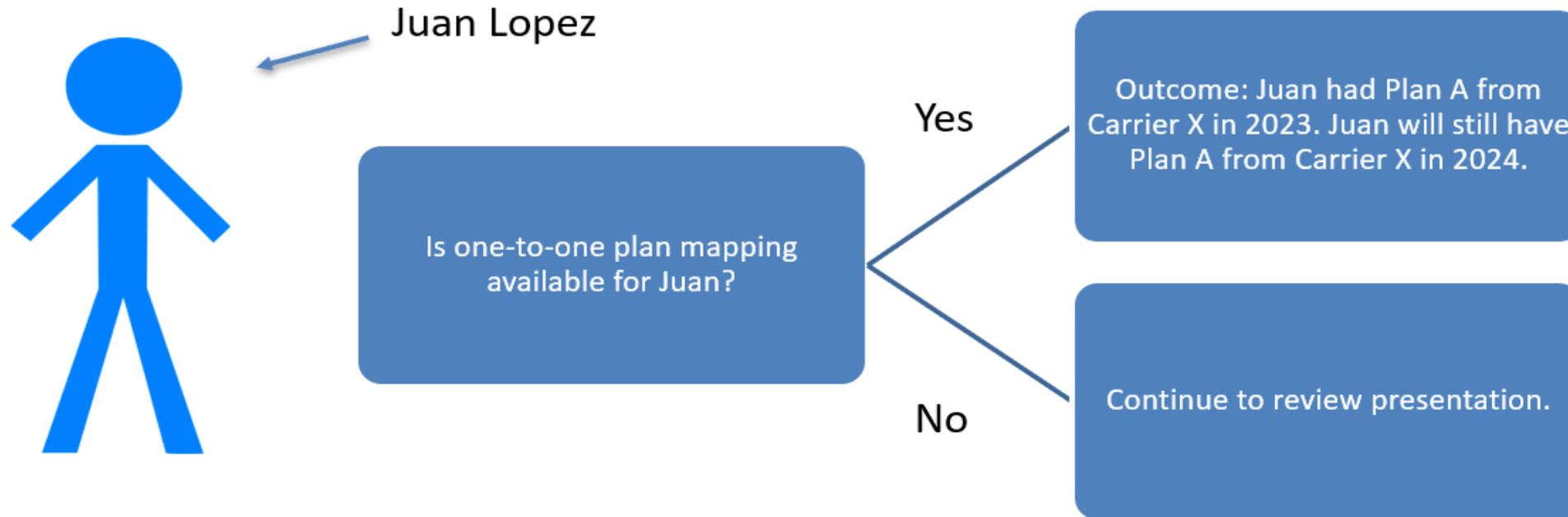
- One-to-One
  - Plan mapping is based on the crosswalk of plans provided by the carriers (also known as SERFF templates).
  - Consumers are enrolled to the same metal tier from year to year with the same carrier.
  - Because there are different cost-sharing variants of single plans, the correct plan variant is chosen for the consumer by the system.
    - The plan variant is decided based on eligibility factors such as Federal Poverty Level (FPL) percentage, immigration status, and American Indian/Alaskan Native (AI/AN or Native American) status.

# Plan Mapping: One-to-One Mapping (Continued)



- One-to-One: Silver to Gold Mapping
  - For certain Silver plan variants crosswalked from the carrier, BeWell checks to see if a Gold plan is available that could provide a higher value.
  - If the Gold plan has better value than the Silver plan but pricing for the plans is similar, the individual is enrolled into the Gold plan.

# Plan Mapping: One-to-One Mapping Example

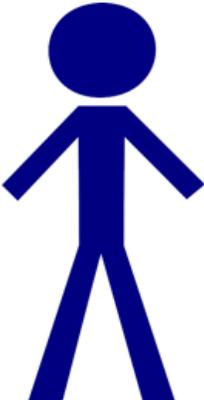


# Plan Mapping: Alternate Plan Mapping



- This is applicable when the plan crosswalk mapping is not available from carriers.
- The current plan is mapped to the lowest cost plan of same metal tier available from same carrier.
- If the same metal tier plan is unavailable from the same carrier, then the consumer is mapped to the lowest cost plan of same metal tier available from other carriers.

# Plan Mapping: Alternate Plan Mapping Example



← John Fredrickson

Is one-to-one plan mapping available for John?

No

Did carrier provide crosswalk mapping to a new plan?

No

Map consumer to the lowest cost plan of same Metal Tier from same carrier. Give precedence to Turquoise plans.

Outcome: John had Plan A from Carrier X in 2023. Plan A is no longer available. Consumer will be mapped to Turquoise Plan B with Carrier X because it is the lowest cost plan and matches the consumer's FPL band of 200 – 250% FPL.

Yes

See previous slides.

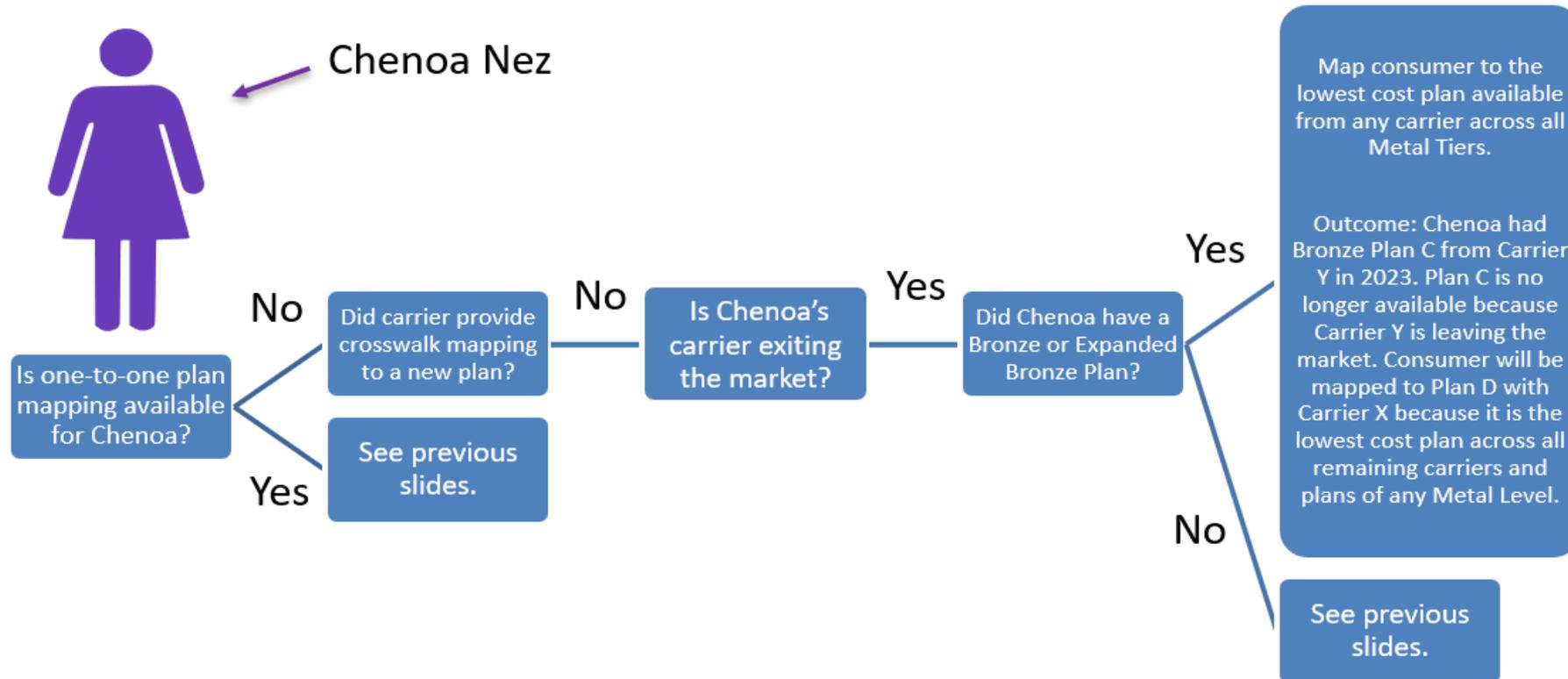


# Plan Mapping: Exiting Mapping



- Consumers enrolled with an existing carrier will be mapped into the lowest cost plan in the same metal tier, if available in their area.
  - **Exception:** Consumers in a Bronze plan (or Expanded Bronze plan) may be mapped into the lowest cost plan regardless of metal tier (e.g., if a Gold plan is lower in cost than a Bronze, the consumer will go into the Gold plan).

# Plan Mapping: Exiting Mapping Example



# The Renewal Notice



- BeWell will send a renewal notice to all current enrollees in mid to late October. The notice will:
  - Summarize eligibility for coverage for the next plan year;
  - Indicate whether the enrollee's plan is available for the next plan year;
  - If the plan won't be available, identify the plan the enrollee will be enrolled in for the next plan year (the “mapped” plan);
  - Include the enrollee’s new premium amount and the applied advance payments of the premium tax credit (APTC) and state subsidies, if applicable;
  - Encourage consumers to log into their [BeWell website](#) accounts during OEP to review and update their information, review their renewal plan, and shop for a more appropriate plan, if applicable; and
  - Remind consumers to pay their January premium no later than December 31<sup>st</sup> in order to secure January coverage.

# Key Points



- BeWell annually redetermines enrollees' eligibility for Marketplace coverage and financial assistance, including APTC, CSR, and state subsidies, as applicable.
- BeWell will automatically renew an enrollee's coverage for the next plan year if the individual is found eligible.
- BeWell will send renewal notices to current enrollees in mid to late October.



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