Legislative Health & Human Services Presentation

Thursday, September 27, 2018







What operational models are states allowed to adopt?

More Federal Control

Federally Facilitated Marketplace (FFM/FFE)

- Federal government operates both SHOP and Individual technology platforms
- Federal government oversees all outreach efforts
- Federal government has all Plan Management (regulatory) responsibilities
- Federal government has all oversight authority

State-Based Marketplace on the Federal Platform (SBM-FP/SBE-FP)

- Federal government operates Individual exchange technology platform; state operates SHOP
- State oversees all outreach efforts
- State has all Plan Management (regulatory) responsibilities
- State has shared oversight authority with the federal government

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More State Control

State-Based Marketplace (SBM/SBE)

- State operates both Individual and SHOP technology platform
- State oversees all outreach efforts
- State has all Plan Management (regulatory) responsibilities
- State has all oversight authority





Current State of beWellnm

- SBM-FP
 - Increasing Cost
 - Fee: Percentage of Total Premium Collected
 - -0.0% in 2016=\$0
 - 1.5% in 2017=\$2,909,845
 - -2.0% in 2018=\$5,961,235 (Projected)
 - -3.0% in 2019=\$11,846,104 (Projected)
 - Decreasing Service
 - Lack of Flexibility





How much would New Mexico pay CMS under either Federal Marketplace model going forward?

Fee estimated at 3.0%

YEAR	2019	2020	2021	2022	2023	2024	2025
FFM %	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
FFM Cost	\$11,846,104	\$14,689,169	\$18,214,570	\$22,586,067	\$28,006,723	\$34,728,337	\$43,063,137
Cumulative	\$11,846,104	\$26,535,273	\$44,749,843	\$67,335,910	\$95,342,633	\$130,070,970	\$173,134,107

Fee estimated at 3.5%

YEAR	2019	2020	2021	2022	2023	2024	2025
FFM %	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
FFM COST	\$11,846,104	17,137,364	21,250,332	26,350,411	32,674,510	40,516,393	50,240,327
Cumulative	\$11,846,104	\$28,983,468	\$50,233,800	\$76,584,211	\$109,258,721	\$149,775,114	\$200,015,441

Fee estimated at 4.0%

YEAR	2019	2020	2021	2022	2023	2024	2025
FFM %	3.5%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
FFM COST	\$11,846,104	\$19,575,559	\$24,286,094	\$30,114,756	\$ 37,342,297	\$46,304,449	\$57,417,516
Cumulative	\$11,846,104	\$31,421,663	\$55,707,757	\$85,822,513	\$123,164,810	\$169,469,259	\$226,886,775

Fee estimated at 4.5%

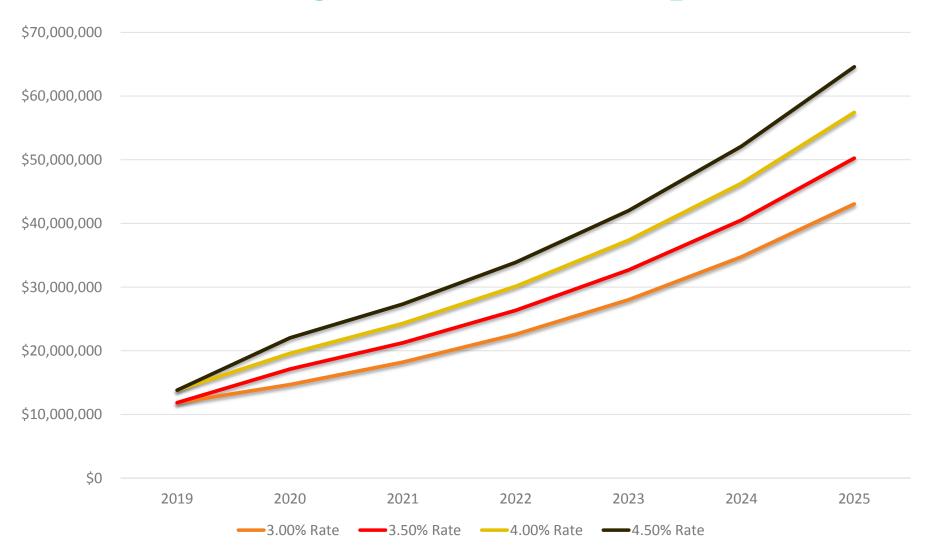
YEAR	2019	2020	2021	2022	2023	2024	2025
FFM %	3.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
FFM COST	\$11,846,104	\$ 22,033,754	\$27,321,855	\$33,879,100	\$42,010,085	\$52,092,505	\$64,594,706
Cumulative	\$11,846,104	\$33,879,858	\$61,201,713	\$95,080,813	\$137,090,898	\$189,183,403	\$253,778,109

- 2019 fee is set at 3.0% for SBM-FP and 3.5% for FFM
- YOY premium increases are 24%, based on 5-year average (2014-2018) as reported by Kaiser Family Foundation





Federal Exchange Model Cost Comparison





2019 Rate Already Set at 3.50% (FFM) and 3.00% (SBM-FP)



Transition to State-Based Exchange Model





BeWellnm Board Changes

BeWellnm Board votes unanimously to transition to full State-Based Marketplace

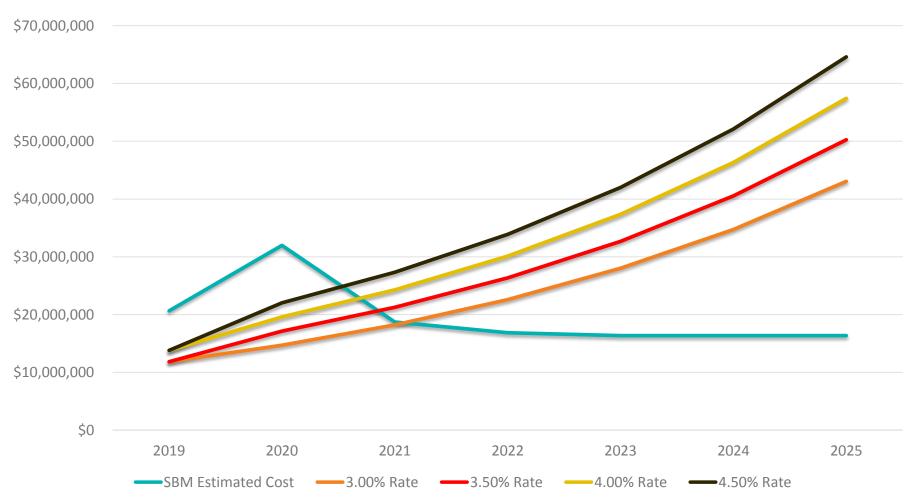
- Timeframe
 - Process to begin October 2018
 - Launch in Fall 2020 for Plan Year 2021
- This transition will cost approximately 20% of what it did when beWellnm was first formed
- Build is projected to have lower maintenance and operations costs by 2022
- Expanded local regulatory control
- Expanded access to data





Individual Exchange Model Cost Comparison Financial Consequences of Transition

SBM vs SBM-FP vs FFM



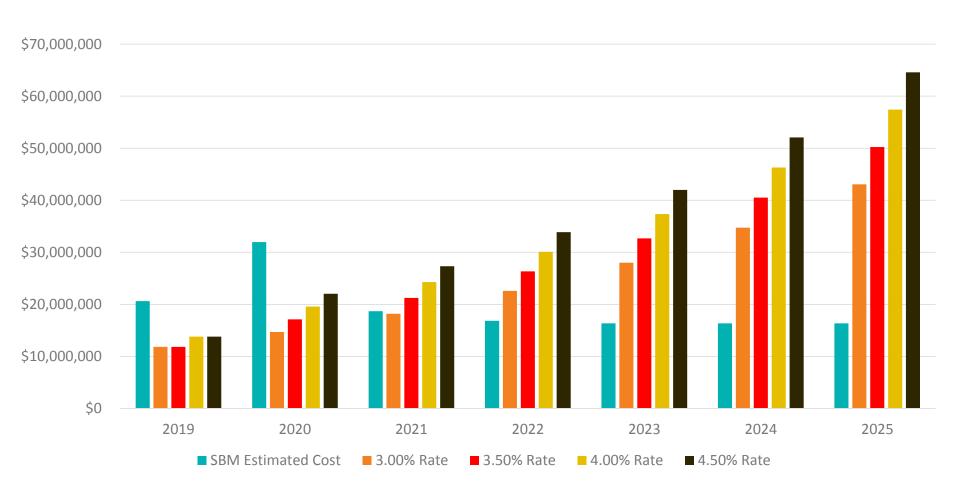


2019 Rate Already Set at 3.50% (FFM) and 3.00% (SBM-FP)



Individual Exchange Model Cost Comparison Financial Consequences of Transition

SBM vs SBM-FP vs FFM





2019 Rate Already Set at 3.50% (FFM) and 3.00% (SBM-FP)

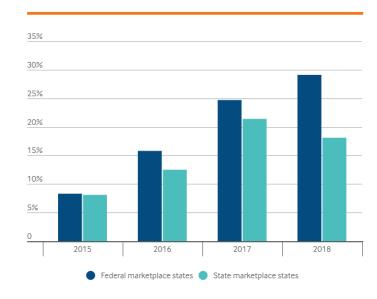


Support for States Running Their Own Exchange Non-Financial Consequences of Transition

- "Lower ACA Individual Market Premiums, Claims, and Costs in States with State-Run Marketplaces" (SBMs)
 - SBM states had 9% lower premium increases and 5% lower cost of medical claims.
 - SBM states also had lower administrative costs. causing 4% less premium going to plan overhead.
- State-Based Marketplaces are More Prepared to Manage Changes in Health Reform
 - "...insurance markets in states with their own marketplaces appear to be more resilient than those in states using the federal marketplace."
- Premiums in State-Based Marketplace states are 21% lower than Federal Facilitated States

Source: https://www.commonwealthfund.org/blog/2018/healthinsurance-markets-perform-better-states-run-their-own-marketplaces

ACA-Compliant Rate Increases by Year and Type of Marketplace



Note: For this exhibit, the analysis is based on all insurers reporting rate changes in 2018 or in any of the three

Data: Authors' analysis of 2018 Uniform Rate Review Template data for the individual market. Calculations are based on mean values weighted by each product's projected premium volume

Source: M. A. Hall and M. J. McCue, "Health Insurance Markets Perform Better in States That Run their Own Marketplaces," To the Point, The Commonwealth Fund, Mar. 5, 2018.





Support for States Running Their Own Exchange Non-Financial Consequences of Transition

State-Based Marketplaces Had More Stable Enrollment

- Federally facilitates states saw a decrease of about 14% last year, whereas SBMs stayed about even.
- New Mexico saw a slight decrease, but outperformed Federally Facilitated States.

State-Based Marketplaces Have More Carrier Stability

- Carriers are less likely to exit the market in SBM states.
- New Mexico has had at least four carriers participate every year since it's inception. Every count is covered by all carriers.

State-Based Marketplaces Have More Consistent Outreach Programs

- While the Federally Facilitated Marketplace has scaled back its outreach, SBMs continue to have a vision and commitment their outreach and education.

State-Based Marketplaces Have More Local Carriers

- SBMs are more likely to attract and support local carrier participation.
- Half of New Mexico's participating carriers (New Mexico Health Connections & CHRISTUS) are local or regional.

Source: https://ldi.upenn.edu/brief/state-based-marketplaces-outperform-federally-facilitated-marketplaces





Supplementary Information





List of terms and acronyms

- SBM/SBE: State Based Marketplace/State Based Exchange
- SBM-FP/SBE-FP: State Based Marketplace-Federal Platform/State Based Exchange-Federal Platform
- FFM/FFE: Federally Facilitated Marketplace/Federally Facilitated Exchange
- CMS: Centers for Medicare & Medicaid Services
- CCIIO: Center for Consumer Information and Insurance Oversight
- **HSD:** Human Services Department





SBM Implementation Timeline & Activities

- Implementation activities anticipated to last 20-24 months; including but not limited to:
 - Procurement
 - Blueprint development
 - Policy discussions/decisions
 - Stakeholder engagement
 - Additional research
 - Technology design and development
 - System testing
 - Compliance assurance
- Assuming SBM Open Enrollment for 2021, first stage for major technology procurements would need to commence October of 2018

