

# BeWell, New Mexico's Health Insurance Marketplace

Coming Federal Changes



# About BeWell

BeWell is New Mexico's state-based marketplace, established under the Affordable Care Act and created in state statute to give state residents a way to get affordable and reliable health insurance coverage.

New Mexicans may be eligible to enroll in BeWell coverage if they don't have a health insurance plan through their employer or through a program like Medicaid or Medicare.

# BeWell's Purpose

## Access to financial assistance

BeWell helps consumers access the federal and state subsidies they're eligible for to keep coverage affordable.

## Technology

BeWell maintains a marketplace where consumers can find and obtain the coverage that works for them.

## Education

BeWell provides education and outreach to inform New Mexicans about what's available to them through the marketplace.

# BeWell's Purpose: Access to Financial Assistance



BeWell is the only place where eligible individuals and families can access federal and state financial assistance to reduce monthly premiums or out-of-pocket costs, like:

- Federal advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR).
- State subsidies, like New Mexico Premium Assistance (NMPA), Native American Premium Assistance (NAPA), Medicaid Transition Premium Relief (MTPR), and state out-of-pocket assistance (Turquoise Plans) through the Health Care Affordability Fund (HCAF).

# BeWell's Purpose: Technology



## BeWell:

- Maintains a secure application and enrollment system through which New Mexicans can apply for coverage and financial assistance and enroll in a marketplace plan.
- Provides marketplace consumers a place to compare their plan options side-by-side.
- Provides tax form 1095-A to consumers as a tax record of their coverage and any federal financial assistance they may have received toward their premium.

# BeWell's Purpose: Education



BeWell:

- Maintains a website at [www.beWellnm.com](http://www.beWellnm.com) and Customer Service which is open Monday-Friday, 8 a.m.-5 p.m.
- Assists New Mexicans in finding free enrollment assistance from certified agents, brokers, and enrollment counselors (also known as “assisters”) through the application, on the BeWell website, or by contacting BeWell.
- Trains and certifies assisters annually.
- Conducts outreach and education efforts across New Mexico year-round, including in-person and virtual enrollment events.

# BeWell Does Not

- Sell coverage; it is not a health insurance carrier.
- Negotiate rates between health insurance carriers and providers.
- Oversee, regulate, or manage health insurance carriers.
- Operate as a state agency or regulatory body.
- Regulate or set insurance laws.
- License agents and brokers.
- Administer or oversee Medicaid.
- Pay or negotiate commissions.
- Create, print, or provide health insurance ID cards.
- Determine provider networks or plan pricing.

# BeWell by the Numbers

- Nearly 73,000 enrollees
  - More than doubled over the last two years!
- 53.4% (38,983) of enrollees pay \$10 or less per month in premiums
  - 87.9% (64,048) receive, on average, \$583 in advance payments of the federal premium tax credit each month
  - 54% (39,239) of enrollees benefit from New Mexico's state-funded premium assistance programs

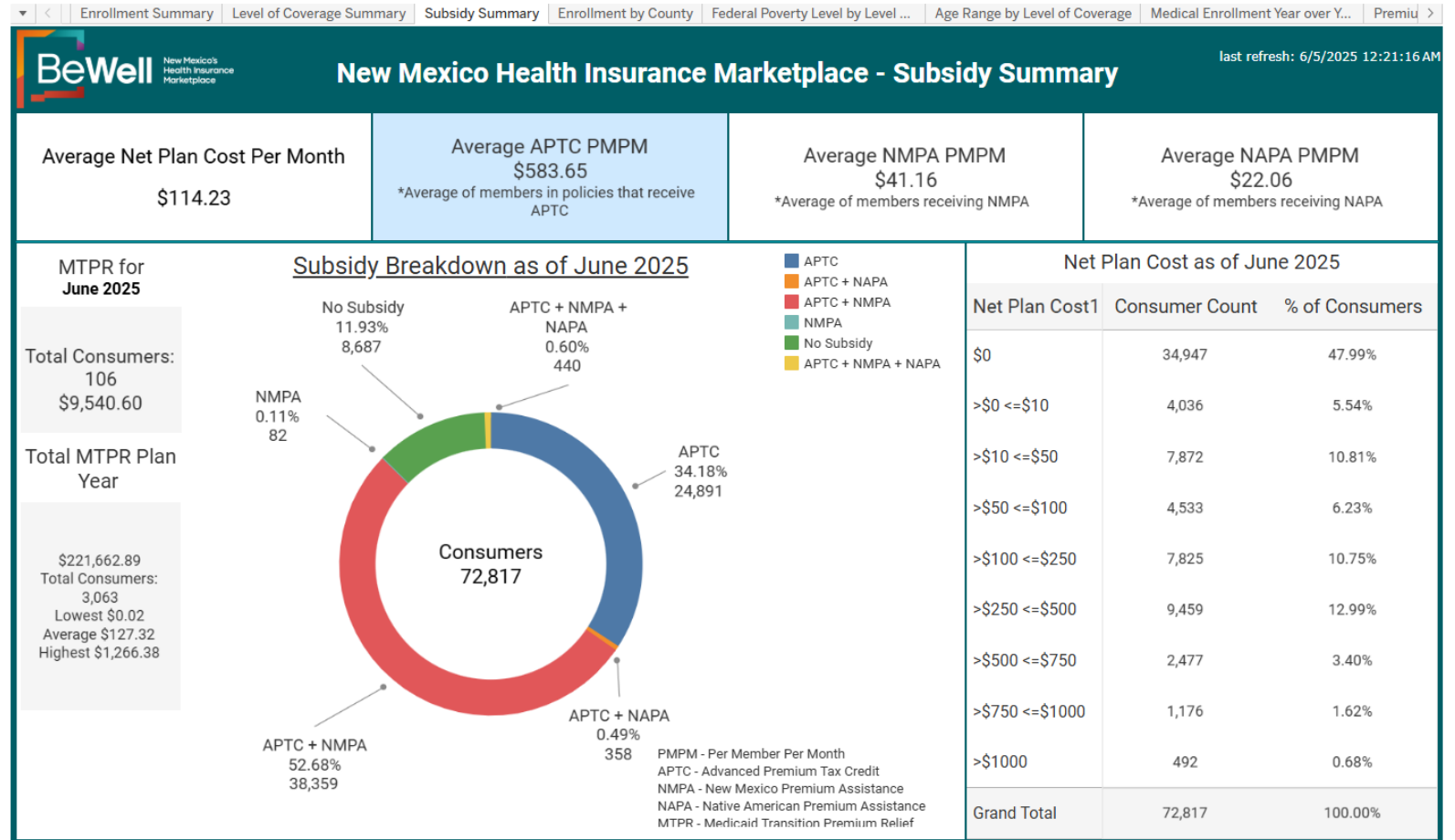


# Marketplace Affordability Program



Each month, more than 39,000 New Mexicans receive \$41, on average, in additional assistance through:

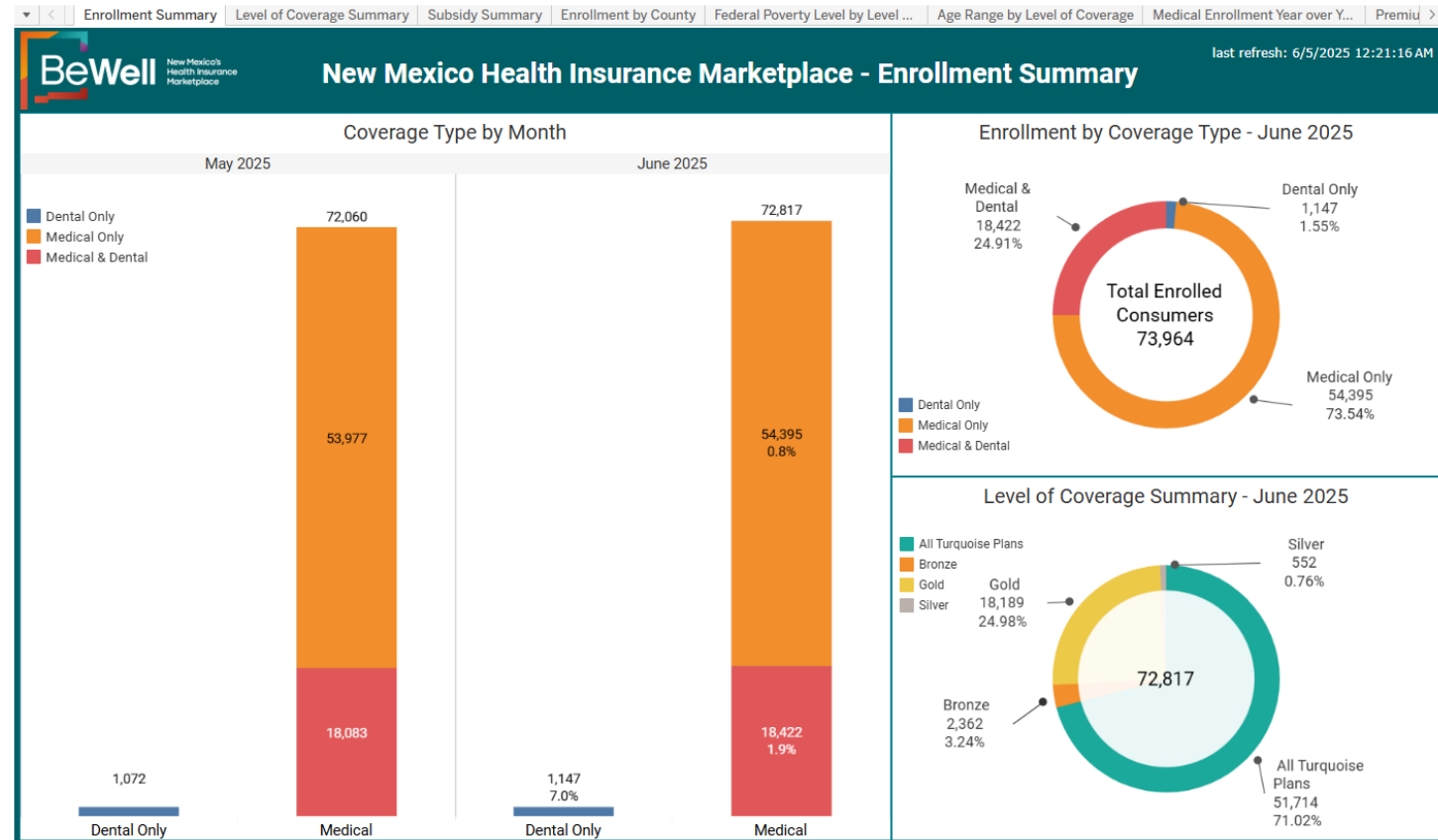
- New Mexico Premium Assistance
- Native American Premium Assistance
- Medicaid Transition Premium Relief



# BeWell Enrollment



Check BeWell's dashboards at [bewellnm.com/dashboards](https://bewellnm.com/dashboards) for the most recent enrollment data!



# Federal Legislative & Regulatory Changes

# Federal Goals for Marketplaces



The executive administration and Congress have used many of the same rationales:

- Cost savings for the federal government
- Fighting fraud and strengthening program integrity
- Market-wide premium reductions, especially for unsubsidized plans

Vehicles: CMS rule, Congress' reconciliation package (One Big Beautiful Bill Act) – and potential future legislative and regulatory mechanisms

# Themes

- Increased administrative burden
  - More paperwork
- Higher costs
  - Monthly premiums
- Narrower eligibility
  - For coverage and for financial assistance

# Increased Administrative Burden

- Stricter requirements for enrollees, especially around documentation, shifting the burden to consumers. Proposals include:
  - \$0 plan jumps to a \$5 premium when consumers don't resubmit an application or select a plan
  - Elimination of automatic reenrollment entirely
- Shorter timelines and decreased flexibility. Proposals include:
  - Shortened open enrollment period
  - Elimination of the special enrollment period for people with incomes up to 150% of the federal poverty level
  - Elimination of all income-based special enrollment periods

# Higher Costs

- Greater difficulty in accessing federal subsidies, due to administrative burden
- Changes to funding. Proposals include:
  - Eliminating “Silver loading,” which currently allows carriers to raise the price of Silver plans to cover the cost of extra benefits they must provide to certain low-income consumers (\$1,200/year, on average)
  - Sunsetting of enhancements to the premium tax credit (\$705/year, on average)
- Other market effects:
  - Higher premiums as a result of uncertainty
  - Sicker risk pool: as “hassle factor” increases, people with greater health care needs will find a way to get coverage; younger, healthier people may choose to go uninsured

# Narrower Eligibility

- Narrower definitions for non-citizen populations. Proposals include:
  - Elimination of DACA recipients' eligibility for coverage
  - Creation of a new definition of an "eligible alien," narrower than the current "lawfully present" definition
- Elimination of premium tax credit eligibility for people who enroll through income-based special enrollment periods
- Explicit exclusion from Marketplace coverage for people who lose Medicaid due to the work requirement or other procedural reasons



# Impacts for New Mexicans

- Higher premiums
  - On average, a \$1,200 premium increase per person per year due to proposed Silver-loading changes
  - On average, a \$705 premium increase per person per year due to the expiration of enhancements to the premium tax credit
- More requirements for documentation with fewer and shorter enrollment windows

Ultimately: decreased health insurance coverage through BeWell

# Bright Spots

- Finalized CMS rule affirmed state-based marketplaces' flexibility in some key areas due to their overwhelming compliance
  - BeWell's joint comment with HCA and OSI made a difference
- New Mexico's plan to backfill expiring enhancements to federal subsidies will offer stability to 65,000+ New Mexicans with incomes under 400% of the federal poverty level
  - The New Mexico Legislature appropriated \$72.3 million from the Health Care Affordability Fund for this purpose in the 2025 legislative session
  - If Congress acts to extend these enhancements, this funding could be repurposed



**Bewell**

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