New Mexico Medical Insurance Pool
"When no one else will help, we're there"

2025 Open Enrollment Marketplace Kickoff Meeting

September 24, 2025

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."

GOVERNANCE and ADMINISTRATION

- Board of Directors (11 members)
  - Superintendent of Insurance (Chair), Insurance Reps, Physician, Statewide Health Planner, Consumers, and Community Members
- Association *By Contract through Procurement Process:*
  - Executive Office ~ Delta Management Group
  - Plan Administrator ~ 90 Degree Benefits

NMMIP Board of Directors

Executive Office

Kristina Leeper, Executive Director

- General Management
- Program planning and coordination
- Grievances/Appeals
- Clinical Care Team

NMMIP Administrator

90 Degree Benefits

- Eligibility/Enrollment
- Customer Service
- Premium Administration
- Claims processing
- Reporting

NMMIP Utilization Management

Acentra

- Prior Authorizations
- Medical Review

NMMIP Pharmacy Manager

MedImpact

- Manages pharmacy benefits and formulary for NMMIP Regular Plan
- Manages coordination with Part D for Medicare Carve Out Plan

NMMIP Medical Case Management

Ensemble

- Integrated Case Management
- Population Health
- Transition of Care
- Clinical Support at home/ER Diversion
- Remote Patient Monitoring

Demographics and Statistics

Active Policyholders as of 7/31/2025: 2,651

- Percentage enrolled in the Low-Income Premium Program (LIPP): 64%
- Percentage sponsored by a Third Party: 20%

Enrollment by plan:

- **NMMIP Plan – 2,505**
- **Medicare Carve Out – 146**

Eligibility Requirements

- Resident of NM; and

- Been Rejected for Individual Comprehensive Coverage (*Rejection of coverage = ineligible for any other coverage*), or
- If an individual has lost their previous coverage, with no gap of greater than 95 days, they can enroll.

*<u>**Individuals are not eligible**</u> if they can be covered under a Group Insurance Plan, Medicaid, or Medicare

(if they are over 65).

PREMIUM RATES

- Based on AGE, DEDUCTIBLE and REGION. Set by the Board annually.
  - Area 1: Bernalillo, Sandoval, Torrance and Valencia
  - Area 2: San Juan
  - Area 3: Dona Ana
  - Area 4: Santa Fe
  - Area 5: All other counties

- Low-Income Premium Program (LIPP) offers discounted premiums for those with incomes < 400% FPL

LOW-INCOME PREMIUM PROGRAM (LIPP)

Qualifying Income Guidelines - 2025

Household Size	0-199% of Poverty 75% Premium Reduction	200-299% of Poverty 50% Premium Reduction	300-399% of Poverty 25% Premium Reduction
1	$0 - $30,119	$30,120 - $45,179	$45,180 - 60,239
2	$0 - $40,883	$40,884 - $61,319	$61,320 - $81,767
3	$0 - $51,647	$51,648 - $77,459	$77,460 - $103,283
4	$0 - $62,399	$62,400 - $93,599	93,600 - $124,799
5	$0 - $73,163	$73,164 - $109,739	$109,740 - $146,327

Income is "Total Income" reported on previous year's Federal Tax Return*

FULL PREMIUM EXAMPLES 2025
Bernalillo Co.

Age	500 Deductible	1000 Deductible	2000 Deductible	5000 Deductible
0-14	$366	$316	$256	$178
20	$464	$401	$325	$225
25	$480	$415	$336	$233
35	$585	$505	$409	$284
45	$691	$597	$483	$335
55	$1067	$922	$746	$518
64	$1,434	$1240	$1004	$697

Medicare Carve Out Plan

- $500 Deductible, $3,300 Maximum Out of Pocket
- Available to individuals under the age of 65 who are enrolled in Medicare due to a disability.
- Medicare A and B are primary, the Medicare Carve Out plan is a secondary plan.
- Medicare Carve Out members are eligible to participate in the State Pharmaceutical Assistance Program (SPAP) but must enroll in a Part D plan and pay that 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) and Zelis. 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

Broker Commission

- ▶ Submit a copy of your W9 with your first completed application.
- ▶ Complete an ACH form to receive automatic commission payments.
- ▶ Complete the Agent Section of each application.

Section 5: Agent, State Agency/Foundation, Third Party Sponsor

Insurance agents in your community can assist you in completing this application at no cost to you. Visit www.nmmip.org for a list of brokers.

Agent, broker, state agency, foundation, or third party sponsor of applicant, complete all boxes below.

☐ Agent/Broker ☐ State Agency/Foundation ☐ Third Party Sponsor	Name		☐ Tax ID Number ☐ NM License Number
Address	City	State	Zip
Email	Phone	Fax	

NMMIP's Clinical Care Management

- Integrated Care Management started in 2021
  - Identifying Care Management Needs
  - Member Outreach

- Population Health
  - Member Education
  - Member Support

NMMIP’s Clinical Care Management

- Transition of Care
  - From Discharge to Home
  - Identifying Home Care Needs

- Remote Patient Monitoring (RPM)
  - Vitals at Home
  - Monitoring Member Health Stability

Contact Information

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