New Mexico Public Schools Insurance Authority

Created 1986 - Statutes 22-29-2 and 22-29-4

2026 Administration Training

Mastering Employee Benefits Administration

Today's Objectives

By the end of this session, you will learn

- Who NMPSIA and Erisa are and what they do
- The role and responsibilities of the Employer Benefits Representative
- Successful Employee Benefits Enrollment
- Instructions for Effective Monthly Bill Reconciliation and Payment
- Recognize Available Resources

NMPSIA's Role

Serve the Participating Employers

- Support Employers, Employees, and Students

Manage the Benefits and Risk Programs

- Procure Benefits and Risk Program Services and Administrators
- Set Rules, Administrative Practices, and Procedures
- Manage Program Benefits/Coverages and Rate Projections
- Monitor Trends and Propose Adjustments to Maintain Fiduciary Responsibilities

Support in Navigating Claims Issues

- Complete Release of Health Information Form
- https://nmpsia.com/auth-release-health-info.html

Erisa’s Role

Erisa’s Santa Fe office is contracted to independently deliver various administrative services on behalf of NMPSIA, an Authority under the State of New Mexico.

Employee Benefits Administration

- Enrollment
- Eligibility
- Premium Billing
- Premium Collection

Enforce NMPSIA Rules of Enrollment and Administrative Practices

- 6.50.1-18 NMAC
- Program Guide

Erisa’s Role

Additional Benefits Administration Responsibilities

- Personalized, guided enrollment support and benefits communication.
- Prompt and accurate plan eligibility verification for employees.
- COBRA guidance for qualifying individuals
- Attentive customer service to plan participants
- Prompt Identification and resolution of missing or invalid data
- Recordkeeping
- Responsible for ongoing monitoring of regulations and health plan laws
- Up-to-date website and mobile app maintenance

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Employer's Role

Who is the Employer Benefits Representative?

- An employee of a NMPSIA participating entity
- Responsible **for the management of employee benefits in the NMPSIA benefits process** (reporting, certifying and approving enrollment requests and claim forms for employees).
- Equipped with excellent knowledge in all benefit programs including Medical, Dental, Vision, and Life coverages.

- NMPSIA participating entities (school districts, charter schools, and educational entities) may contract with third parties (**AKA contractors**) to handle HR, Payroll, and Benefits functions.

  - NMPSIA **cannot accept** any reporting, processing, certifying or approving of benefits enrollment, changes in status, terminations, retirements, resignations, leaves of absence, etc. from any outside party (including contractors) other than the participating entity designated employee.

Employer's Role

Know the Rules of Enrollment

- 6.50.1-18 NMAC
- Annual Program Guide (Pages 8-17)

Visit & Utilize NMPSIA.COM

- Use MyBenfits Portal via Employer Login
- Review Employers Tab Available Tutorials & Trainings
- Basic Knowledge of all Benefit Plans and Plan Designs
- Side-by-Side Medical Plan Comparison Chart
    - Annual Program Guide

Maintain Appropriate Processes for…

- Providing "Complete" and "Timely" Enrollment Data
- Reconciling Monthly Billing Statements
- Paying on Time and as Billed

Successful Employee Benefits Enrollment

Enrollment Process

Employer* Enrolls ***Benefits Eligible*** Employee for Basic Life via **MyBenefits** Portal (Enrollment mandated by the Life Policy)

Date of Hire Triggers Timeline for Benefits Eligible Employee to Enroll in Other Lines of Coverage

Employee Enrolls** in Other Lines of Coverage and Provides Supportive Documentation Timely

Employer validates receipt of enrollment and *Approves/Rejects the Enrollment****

* Employer contractors are not allowed to request or process benefits enrollment.
** Enrollment via the MyBenefits Portal is required.
*** The employer must follow-up timely (within 3-4 business days) to Approve or Reject the transaction.

EASI will notify the employer of pending transactions that must be addressed before the next month's billing statement.

Deadlines for Enrollment

- Eligible employees and their dependent(s) may apply to enroll for NMPSIA benefits within **31** days from DOH (first day of work) or within **31** days from a qualifying event that changes the status.

Enrollment request must be made via the MyBenefits Portal

NOTE: Employees must have Basic Life enrollment for the Portal to recognize their credentials

- If the 31-day enrollment period is missed or declined employee may apply during the established open enrollment period in the fall and coverage will go into effect on January 1st of the following year.

- Employee may apply for Long Term Disability (LTD) and/or Additional Life (ADL) or Spouse Life (SPLF) coverage at any time. However, **coverage is not guaranteed**.

- To add or increase ADL or SPLF coverage, an evidence of insurability must be provided. If approved, coverage will become effective the first of the month following approval by The Standard.

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Qualifying Events

How to Report a Change of Status

- A change of status due to any qualifying event **MUST** be reported by the employee within 31 days of the qualifying event.
- Employee must complete, sign, and turn in a Change Card to their Employer Benefits Representative or submit the request via the MyBenefits Portal.
- Employee has <u>61 days</u> from the date of the qualifying event to provide employer with all required documents.

Birth	Legal Guardianship of a Child
Marriage or Notarized Affidavit of Domestic Partnership	Adoption of a child or child placement order
Involuntary Loss of Coverage*	Promotion to a new job classification with a salary increase

* (i.e. reduction in work hours, separation from employment, divorce, annulment, or termination of domestic partnership (not a legal separation), exhaustion of COBRA coverage, death

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Supportive Documentation

- Submit **required proof** with the application to avoid a delay of coverage for dependents.
- **Proof of other coverage is required** if employee is excluding a dependent from a line of coverage when enrolling at least one other eligible family member.

ELIGIBLE DEPENDENT	SUPPORTIVE DOCUMENTATION REQUIRED
Legal Spouse	Original, official state publicly-filed **marriage certificate**
Domestic Partner (offered by the Employer)	Notarized **affidavit of domestic partnership**
Child (UNDER age 26)	Original, official state publicly-filed **birth certificate.** For children of international employees, a copy of a **passport or U.S. visa** is required.
Legally adopted child	**Evidence of placement** by a state licensed agency, governmental agency, or a court order/decree (notarized statement and power of attorney are not acceptable).
Legal guardianship	Legal Guardianship Document if evidenced in a **court order or decree** (notarized statement and power of attorney documents or conservatorship documents are not acceptable).

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Supportive Documentation

- A new hire is granted **61** days from the day other lines of coverage go into effect to provide the appropriate supportive documentation proving that dependents are eligible for NMPSIA coverage.
- For changes in status an employee is granted **61** days from the qualifying event to provide the appropriate supportive documentation.
- The effective date of coverage for dependents will go into **effect on the first day of the month following the day the employee turns in the appropriate supportive documentation to the employer's benefits office or uploads the documents via the MyBenefits Portal.**

The effective date of coverage for dependents will not be made retroactive to the employee’s effective date of coverage.

  - There are exceptions for newborns and adopted children who are enrolled timely. (Refer to page 13 of the 2025 Program Guide)

- For international families: Copy of passport, visa and application for SSN or ITIN required for all dependents

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Enrollment Process
Late Reporting Events and Consequences

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When Enrollments, Qualifying Events, Changes, or Supportive Documentation, are reported untimely…

- Delayed effective dates, eligibility, and/or benefit access
- Claims may be denied
- Employee or spouse may become subject to EOI (approval is not guaranteed)

Failure to report timely poses serious liability for the Employer and harms the Employee, Dependents, and Beneficiaries!

When Terminations and/or Ineligible Dependents are reported untimely…

- Employer contributes to benefit premiums for inactive employees or ineligible dependents
- Employee or ineligible dependent may not be eligible for COBRA

Claim overpayments that are not eligible for retraction, may be collected from the Employee when the employee is late in reporting.

The Employer may be liable for losses in cases where the Employer is late in reporting.

Employer and Employee will not be refunded premium for retroactive termination dates for the ineligible employee or dependent.

NMPSIA makes this determination and will handle accordingly.

Late Reporting Events and Consequences (Continued)

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Late Report – Basic Life Enrollment

Hypothetical Event:

- Five (5) employees are hired. Contracts are executed December 5, 2025 and first day to report to work is January 5, 2026.
- **Employer** fails to enroll basic life (within the 15-day reporting requirement) then enrolls via paper enrollment on February 27, 2026, retroactively to February 1, 2026. Premiums are paid March 10, 2026.
- These **Employees** die unexpectedly before March 1, 2026.

Employer Consequences

- Employer offers a $50,000 basic life plan.
- Life claims are denied by the Life carrier for untimely enrollment and receipt of premium.
- **Employer must pay out a total of $250,000** ($50,000 x 5) **to beneficiaries.**

Late Report – Qualifying Event: Divorce

Hypothetical Event:

- **Joe** enrolled in self & spouse medical, dental, vision, and life. Years pass, the employee divorces in 2023 and does not report the divorce to the **Employer**.
- A year later the **Employer** learns of the divorce and fails to report it to EASI.
- Six months after learning of the divorce the **Employer** receives a copy of a marriage certificate from **Joe** to add a new spouse. The **Employer** contacts EASI for next steps.
- Enrollment and claims are collected by EASI and findings reported to NMPSIA for review.

Consequences

Employer: No premium refund back to April 2023.
Employee: No premium refund back to April 2023 and is responsible to reimburse NMPSIA for $450,000 of claims incurred by the ex-spouse after the divorce.
Ex-Spouse: Eligibility for ex-spouse is cancelled back to March 31, 2023 and is not eligible for COBRA.

Everyone involved loses.

Late Report – Termination

Hypothetical Event:

- In spring, employees are not rehired for the next school year. Employees' last day is May 31, 2026. **Employer** collects premiums to cover insurance to September 30, 2026.
- **Employer** fails to report the terminations. Employer is paying the monthly Benefits premium invoice as billed.
- The monthly Benefits premium invoice is finally reconciled in March 2027.

Employer Consequences

- No premium refund from November 1, 2026 to March 31, 2027 for not reconciling the bill.
- Eligibility and payment has continued and may be considered a "gift" to a former employee.
- Liable for all claim payments for services received during this time.

NMPSIA Employee Change Card

https://nmpsia.com/employee-enrollment.html

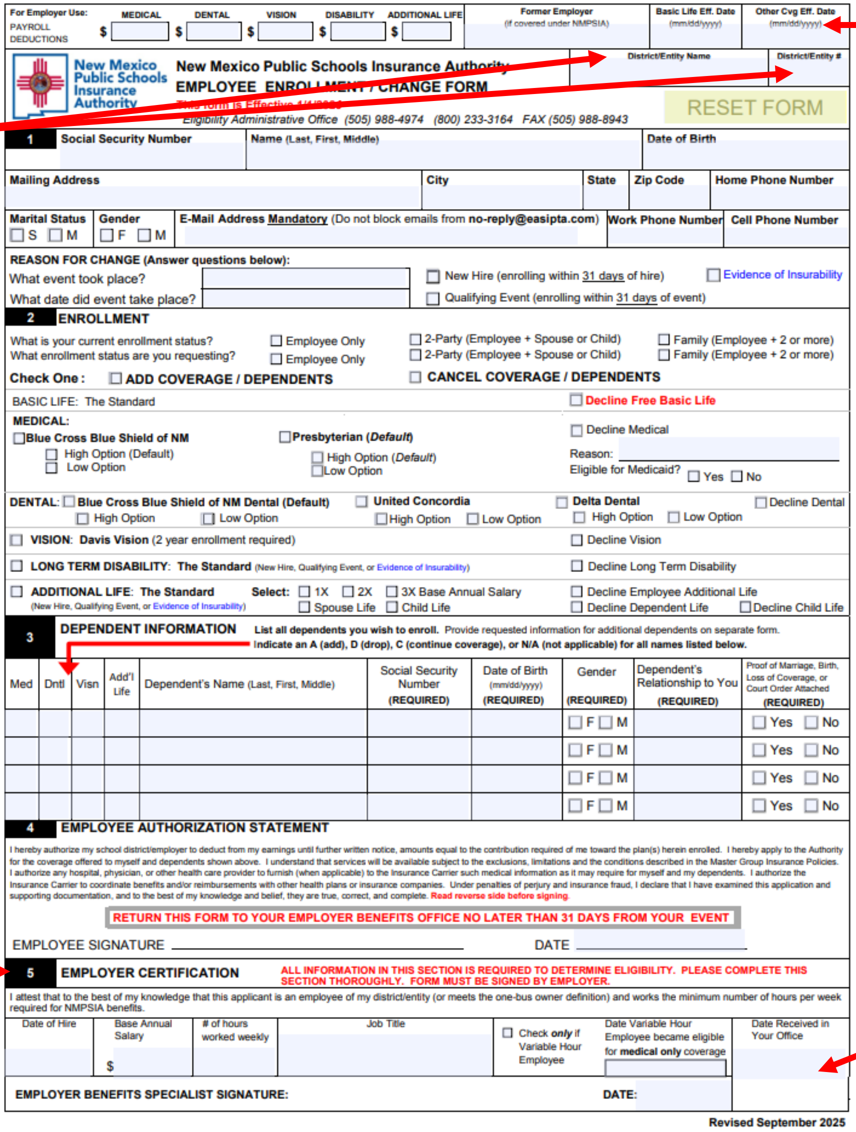
School Name and School Number

What Event took place?
What date did event take place?

Other coverage effective date

Section 3 Dependent Information reflects selection of Section 2 Enrollment Status

Removing ineligible dependents may also apply to any ancillary benefits your employer offers



For Employer Use: PAYROLL DEDUCTIONS — MEDICAL $ | DENTAL $ | VISION $ | DISABILITY $ | ADDITIONAL LIFE $

Former Employer (if covered under NMPSIA) | Basic Life Eff. Date (mm/dd/yyyy) | Other Cvg Eff. Date (mm/dd/yyyy)

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EMPLOYEE ENROLLMENT / CHANGE FORM

Eligibility Administrative Office (505) 988-4974 (800) 233-3164 FAX (505) 988-8943

District/Entity Name | District/Entity #

RESET FORM

1 Social Security Number | Name (Last, First, Middle) | Date of Birth

Mailing Address | City | State | Zip Code | Home Phone Number

Marital Status ☐ S ☐ M | Gender ☐ F ☐ M | E-Mail Address Mandatory (Do not block emails from no-reply@easipta.com) | Work Phone Number | Cell Phone Number

REASON FOR CHANGE (Answer questions below):
What event took place? ☐ New Hire (enrolling within 31 days of hire) ☐ Evidence of Insurability
What date did event take place? ☐ Qualifying Event (enrolling within 31 days of event)

2 ENROLLMENT

What is your current enrollment status? ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)
What enrollment status are you requesting? ☐ Employee Only ☐ 2-Party (Employee + Spouse or Child) ☐ Family (Employee + 2 or more)

Check One : ☐ **ADD COVERAGE / DEPENDENTS** ☐ **CANCEL COVERAGE / DEPENDENTS**

BASIC LIFE: The Standard ☐ **Decline Free Basic Life**

MEDICAL:
☐ **Blue Cross Blue Shield of NM** ☐ High Option (Default) ☐ Low Option
☐ **Presbyterian (*Default*)** ☐ High Option (*Default*) ☐ Low Option
☐ Decline Medical
Reason:
Eligible for Medicaid? ☐ Yes ☐ No

DENTAL: ☐ **Blue Cross Blue Shield of NM Dental (Default)** ☐ High Option ☐ Low Option | ☐ **United Concordia** ☐ High Option ☐ Low Option | ☐ **Delta Dental** ☐ High Option ☐ Low Option | ☐ Decline Dental

☐ **VISION: Davis Vision** (2 year enrollment required) ☐ Decline Vision

☐ **LONG TERM DISABILITY: The Standard** (New Hire, Qualifying Event, or Evidence of Insurability) ☐ Decline Long Term Disability

☐ **ADDITIONAL LIFE: The Standard** (New Hire, Qualifying Event, or Evidence of Insurability) **Select:** ☐ 1X ☐ 2X ☐ 3X Base Annual Salary ☐ Spouse Life ☐ Child Life | ☐ Decline Employee Additional Life ☐ Decline Dependent Life ☐ Decline Child Life

3 DEPENDENT INFORMATION **List all dependents you wish to enroll.** Provide requested information for additional dependents on separate form. **Indicate an A (add), D (drop), C (continue coverage), or N/A (not applicable) for all names listed below.**

Med	Dntl	Visn	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy) (REQUIRED)	Gender (REQUIRED)	Dependent's Relationship to You (REQUIRED)	Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached (REQUIRED)
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No
							☐ F ☐ M		☐ Yes ☐ No

4 EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to the contribution required of me toward the plan(s) herein enrolled. I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that services will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Carrier such medical information as it may require for myself and my dependents. I authorize the Insurance Carrier to coordinate benefits and/or reimbursements with other health plans or insurance companies. Under penalties of perjury and insurance fraud, I declare that I have examined this application and supporting documentation, and to the best of my knowledge and belief, they are true, correct, and complete. **Read reverse side before signing.**

RETURN THIS FORM TO YOUR EMPLOYER BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR EVENT

EMPLOYEE SIGNATURE ____________ DATE ____________

5 EMPLOYER CERTIFICATION **ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.**

I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the one-bus owner definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary	# of hours worked weekly	Job Title	☐ Check *only* if Variable Hour Employee	Date Variable Hour Employee became eligible for **medical only** coverage	Date Received in Your Office
	$					

EMPLOYER BENEFITS SPECIALIST SIGNATURE: **DATE:**

Revised September 2025

Employer is responsible to complete the EMPLOYER CERTIFICATION section after verifying the form is completed in its entirety

Date stamp upon receipt

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Monthly Bill Reconciliation and Payment

Monthly Premium Billing

- Includes enrollment data through 5 p.m. on the last business day of the month for all “complete” transactions
- Bills are created and made available via the MyBenefits Portal on the 1st day of the month
- Last page of the PDF format provides:
  - Electronic payment information for ACH and Wire Transfer
  - NMPSIA **Benefits** bank account information
  - Accounts Receivable Balances
  - Late and Not Paid as Billed penalty details

Monthly Billing Reconcilation

Employer is responsible to reconcile billing and premiums collected, **each month.**

Due diligence is required for timely reporting and verification of:

1. Download the bill on the first of the month from the MyBenefits Portal.
2. Monitor enrollment requests throughout the month by checking the Confirmation Notices
3. Compare Confirmations against payroll deductions to ensure consistency
4. Reconcile NMPSIA bill against payroll deductions (Reminder: Do not collect benefit premiums from the employee until confirming what Erisa has approved)

Some payroll systems have the capability to produce a variance. Inquire with your payroll administrator on how to get this set up!

Consequences of not reconciling monthly:

- No refund of premiums for late reporting of terminated employees or ineligible dependents
  - Remember employers pay the majority of the premiums
- NMPSIA pays claims for ineligible members which may require collection measures from the employee or employer for claim overpayments
  - These claim overpayments contribute to premium increases the following year

Timely Monthly Bill Payment

Employer is Required to Pay as Billed

- Payment is due and needs to arrive to the NMPSIA bank on the 10th of the month, and Employers can pay as early as the 1st day of the month (highly recommended).
  - Initiating payment when the bill is first available assures timely payment.
  - Paying via Wire Transfer prior to your bank's cut-off time is the preferred method of payment to ensure your payment arrives to the NMPSIA bank timely.
    - ACH payment must be initiated and approved/confirmed before it is sent and may take up to 3-4 days to complete. <u>Weekends and bank holidays may also slow the ACH process.</u>

- Payment is recorded on the date paid and can be confirmed via the MyBenefits Portal
- Late Payment and Not Paid As Billed penalties are assessed at 1.5% of the Grand Total Due with a minimum Not Paid as Billed penalty of $500 *(Penalties apply to overpayments and underpayments; if you pay late you will also be assessed a Not Paid as Billed penalty).*
- NMPSIA may consider approving one penalty waiver within a rolling 12-month period but requires a school administrator (not a billing contractor) to file a written appeal to the NMPSIA Deputy Director.
  - NMPSIA will provide a written response and copy to the school superintendent, governing board, or head school administrator.
  - If you incur a 2nd penalty within the same rolling 12-month period, you will need to file a formal written appeal for a penalty waiver to the NMPSIA Board of Directors and send it to the Deputy Director. The Board will consider this appeal at the next available Board meeting.

Recognize Available Resources

Resources: Employer Tutorials

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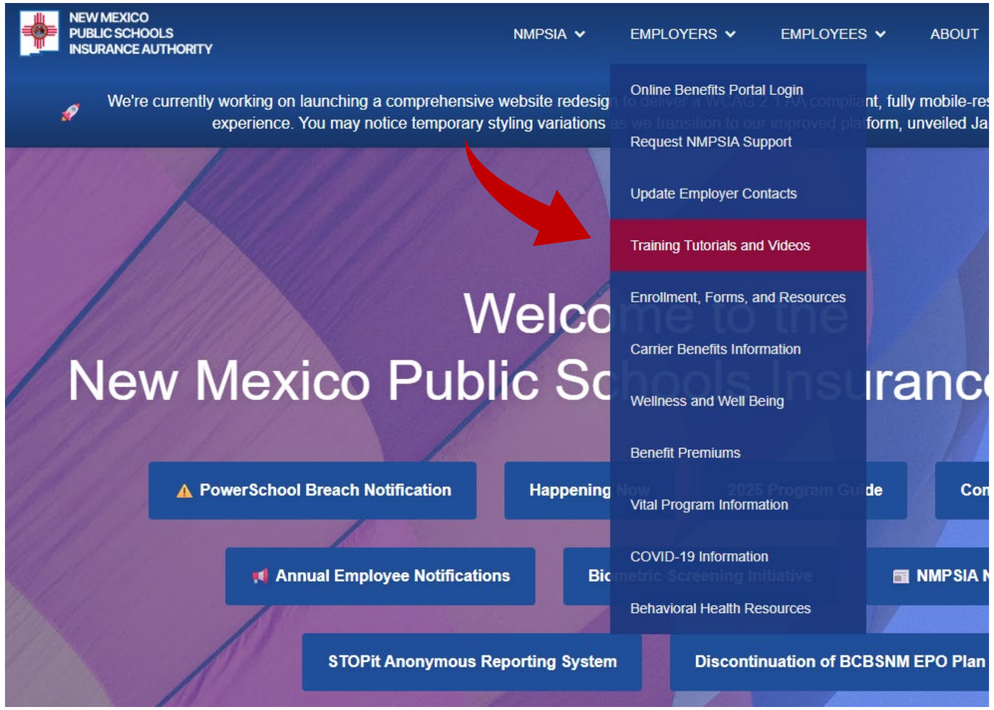
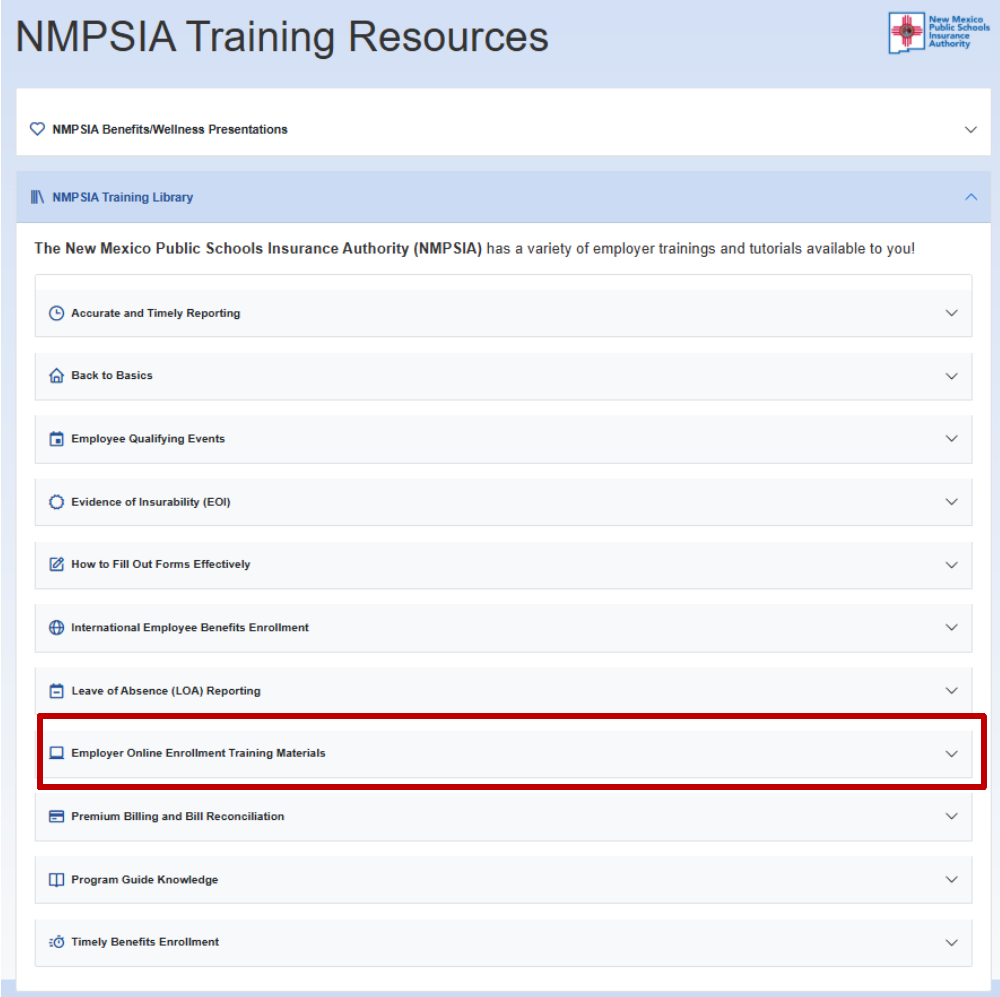
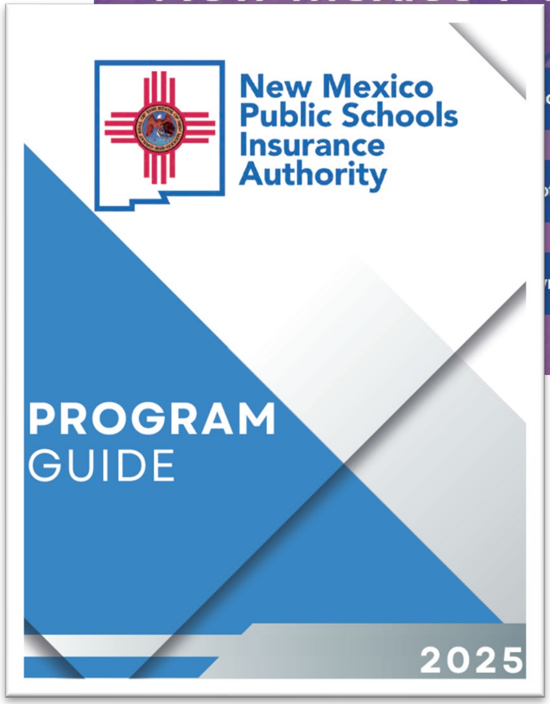




Resources: Program Guide



New Mexico Public Schools Insurance Authority

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New Mexico Public Schools Insurance Authority

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Employee Benefits
Wellness and Well-Being Programs

NMPSIA Medical Plan Coverage **Self-Insured Medical Plan Options** **High and Low Options**	BlueCross BlueShield of New Mexico	PRESBYTERIAN Health Plan, Inc.	
Wellness & Well Being Program *Discounted Gym Memberships, Member Wellness & Well Being Strategic Planning, Member Health and Wellness Onsite Events, Screenings, and Activities*	NMPSIA Wellness		
NMPSIA Prescription Drug Coverage **Self Insured Coverage** **High and Low Options 01/01/2026**	CVS caremark		
NMPSIA Dental Plan Coverage **Self-Insured Dental Plan Options**	BlueCare Dental SM	DELTA DENTAL	United Concordia dental SM
NMPSIA Vision Plan Coverage **Fully-Insured Vision Plan**	DavisVision		
NMPSIA Life and Long term Disability Coverage **Fully-Insured Plan**	TheStandard		
NMPSIA Musculoskeletal Surgical Services	LANTERN		
NMPSIA Customer Service *Claim Issues and Reconsideration of Enrollment Determinations*	New Mexico Public Schools Insurance Authority		
Employer Benefits Administration *Support with Enrollment, Billing and Premium Collection, COBRA Administration*	EASI Erisa Administrative Services, Inc.		

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EASI Erisa Administrative Services, Inc.

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Today's Objectives

A review of today's session

- ✓ Defined the Employer Benefits Representative role and responsibilities
- ✓ Defined what successful Employee Benefits Enrollment looks like
- ✓ Reviewed deadlines for Enrollment and Qualifying Events
- ✓ Covered Effective Monthly Bill Reconciliation and Payment Procedures
- ✓ Outlined the numerous resources available