

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

Report Date	October 30, 2015
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Organization Information	
State	New Hampshire
Project Title	New Hampshire Cycle II, III & IV Premium Rate Review Project
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Grant Information	
Date Grant Awarded	September 20, 2011 (Cy II); September 23, 2013 (Cy III); September 19, 2014 (Cy IV)
Amount Granted	\$3,564,938 (Cy II); \$3,020,248 (Cy III) \$1,179,000 (Cy IV)
Project Year	2015
Phase	Phase II, III & IV
Project Reporting Period	Annual Report 10/1/14-9/30/15

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PART I: NARRATIVE REPORT

Introduction:

Cycle II, III & IV-Summary

New Hampshire is recognized as an effective rate review state. Efforts to improve the rate review process are based on transparency, efficiency, and increasing carrier accountability through an improved range and accuracy of data and incorporating those data into the rate review process.

Significant activities that have occurred during RRG Cycle II, III and IV include:

- 1) *Legislation and Policy*-revised INS4100 rules/requirements for accident and health insurance rate submission and passed a law that aligned the market rules with the Affordable Care Act (ACA); revised *Ins 4000 Uniform Reporting System for Health Care Claims* rules for data submission to the Comprehensive Health Information System (CHIS).
- 2) *Rate Filing Revisions*-integration of NH's rate filing requirements with the federal requirements; Development of rate filing database and user guide.
- 3) *Market Analysis*-creation of a model to predict shifts in the commercial insurance market that may result in destabilization of the small employer and individual markets and research in the area of regulating stop loss insurance within the context of the NH environment; and updated the model with 2014 enrollment information.
- 4) *Data Improvement*-improvements to the NH Comprehensive Health Information System (NHCHIS) so that its data can be used in the rate review process. The Memorandum of Agreement (MOA) with the NH Department of Health and Human Services (DHHS) was renewed to continue the data improvements to the NHCHIS. A contract was secured with UNH Institute of Health Policy and Practice to do regular quality assurance on the NHCHIS data and maintain the SAS codes and make recommendations for improvements to the quality, timeliness, and usability of the raw data submitted by carriers and TPAs to NHCHIS. Updates made to the NH Supplemental Report instructions and template to improve data accuracy and quality. Developed a MOU with NHDHHS to develop and fund a system for the Uniform Health Facilities Discharge Dataset. A strategic plan for data collection is in process under a contract with Gorman Actuarial.
- 5) *Annual Public Hearings*- public hearings have been held annually on the factors contributing to premium rate increases and an annual report has been published on factors contributing to health premium rate increases; new areas of data analysis are being added to the annual rate report as requested by the legislature.
- 6) *Provider Payment Reform*-published an analysis of stakeholders' views on NH's health insurance market and provider payment system; Completed a legal review of regulatory models for oversight of the provider payment practices of third party administrators and

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to identify legal practices and safe harbors relative to anti-trust for activities related to payment reform; published a report of findings and recommendations for payment reform in New Hampshire and held a forum for policymakers and stakeholders to discuss the three payment reform reports and recommendations and to decide on next steps.

- 7) *Community Stakeholder Meetings*-held meetings and presented findings associated with the Cycle II, III and IV grant activities to stakeholders, including providers, consumers, carriers, purchasers, policymakers, other state departments, and the general public. Held a listening session for consumers on the rate review process.
- 8) *NHHealthCost.org*-Re-launch of the NHHealthCost website.
 - Received an ‘A’ grade from the Catalyst for Payment Reform on price transparency.
 - Updated the SAS code that supports the rates published on NHHealthCost.
 - Contracted with the University of New Hampshire’s Department of Academic Technology (dba Web and Mobile Development or WMD), which hosts the website, for work to support the planned enhancements to the website.
 - Contracted with WowZilla to identify publicly available quality data to add to the NHHealthCost.org website and developed the code to display this data; drafted new content that offers a guide for using health care and health insurance benefits in a new format.
 - Developed an outreach and communication plan with Louise Karno and Co. (LKarno) and published a Facebook and twitter site with regular posts to the sites to draw additional audiences to the NHHealthCost.org site.
 - Contracted with University of Massachusetts Medical School (UMMS) to develop statewide reports on average prices for numerous procedures that was posted on the current site and downloaded by users (primarily carriers and providers); developed unbundled rates and rates for additional procedures to post on the enhanced site.
 - Contracted with Helms and Company to develop a master list of providers for the HealthCost database.
- 9) *NH Supplemental Report of 2013 data*-updated the instructions and templates and set a new baseline for the requirements to allow for inclusion of the changes related to the passage of the Affordable Care Act; contracted with a new vendor to collect the data and provide an analysis for the supplemental report and look at combining this report with the annual rate hearing report.
- 10) *Consumer Needs and Interests*-Developed a consumer transparency framework to improve health literacy, provide transparency, engage consumers and reinforce NHIS’s role with consumers.

A part-time bookkeeper and administrative support person assists the NH Insurance Department (NHID or the Department) with rate review filings, receipt of public comments, and accounting for the various expenses covered by the Cycles II, III and IV grants.

A project manager is contracted to assist the Department with Cycles II, III and IV through September 2016 and provides assistance to the NHID staff with developing requests for proposals, obtaining state approval of vendors funded by the grant, overseeing the performance

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and compliance within vendor contract specifications, identifying and resolving issues, and issuing weekly status reports to senior management at NHID.

NHID submitted and received approval for a no-cost extension for Cycle III through September 2016.

Annual Program Implementation Status: Include an update on progress towards the following:

1. *Annual Accomplishments to Date:*

Cycle II Milestones and Outcomes

Implementation of the recommendations developed during the Cycle I grant period

NHHealthCost Maintenance

UNH Institute on Health Policy and Practice continues to provide maintenance for NHHealthCost.org through a contract funded by Department funds. This is a very active contract that supports the enhancement of NHHealthCost website with SAS coding for new medical procedures and the associated rates and by doing quality assurance testing of the NHCHIS data that is used to produce the medical pricing.

Supplemental Report

Compass Health Analytics produced the NH Supplemental Report of 2013 data in December 2014. In addition to the collecting and analyzing the 2013 data, the vendor updated the instructions and template and collected and analyzed special submission of 2012 data for the Supplemental Report to set a baseline for the new requirements.

Ins4000 UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS DATA SETS

CHAPTER Ins4000 UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS DATA SETS was completed and approved this year. This rule governs the data submitted to the New Hampshire Comprehensive Health Information System (NHCHIS). The proposed INS 4000 rule revision was submitted to the Joint Legislative Committee on Administrative Rules (JLCAR). A public hearing was held on March 24, 2015 and comments were accepted until April 1. Revisions were made based on feedback from commenters and the JLCAR legal staff. The final revision was approved by JLCAR on June 26, 2015. Implementation guidance is being provided to data submitters. The data consolidator vendor, Milliman, is making adjustments to their system to accept the new data and format. It is expected that the implementation will be complete for January 1, 2016.

INS 4100 REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS

CHAPTER INS 4100 REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS was revised and approved this year. This work was done by Department Counsel to make for a stronger and more effective rate review program and process.

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Consumer Needs and Interests

LKarno and Company was the vendor chosen to develop a report and recommendations to address consumer needs and interests for rate review information. The vendor conducted interviews with NHID staff, insurance producers and other stakeholders including health exchange navigators and consumer advocates. A survey of insurance producers and consumer advocates was administered. NHID held a listening session to engage the public and gain feedback on the premium rate review process and health insurance issues.

The results were finding and recommendations focused not only on rate review, but also opportunities for broader consumer engagement for the Department.

The vendor's methodology consisted of multiple data sources including NH Insurance Department staff interviews, a literature review and a review of other states' consumer rate review websites, phone interviews with state officials, producers, consumer advocates, insurers, and industry associations, web-based surveys of NH producers and consumer advocates and marketplace assistors, a community listening session and analysis of data from the NHID Consumer Services Divisions call tracking system.

Key findings in the area of rate review and consumer interaction with the process were that most stakeholders do not understand the NH rate review process; that producers perceived themselves to be more educated about the process than consumer advocates and were interested in cost driver information; consumer advocates thought a public website would be useful while considerably fewer producers shared this opinion; the NHID's website lacks organization and is difficult to navigate from a consumer perspective; no public comments on rate review have been made in NH using the SERFF interface; NH has not quantified the benefit of their rate review program to consumers, and inquiries via NHID's call tracking system validates that rates are of concern but more specificity is lacking via this vehicle.

With regard to consumer transparency, engagement and health literacy producers and consumer advocates view consumers as being poorly educated on both the purchasing and the utilization of health insurance products; there are low levels of awareness of web tools to help consumers purchase and use insurance products, as well as poor understanding of the product benefits and provider networks; producers and consumer advocates view consumers as having little understanding about benefit package price, deductibles and out of pocket costs, and provider networks; producers and consumer advocates feel that consumers need to understand PPACA, the open enrollment period, tax penalties, and how to make enrollment changes on Healthcare.gov; and there is no one entity in New Hampshire that is responsible for consumer education about benefits and benefit utilization; consumer awareness of websites designed to assist consumers is perceived as low.

NHID has multiple ways to support and engage consumers, including: the annual cost driver reports, NH HealthCost website, an annual rate hearing, links to Healthcare.gov, links to NAIC's InsureUonline.org, and multiple ways to contact the NHID's Consumer Services personnel.

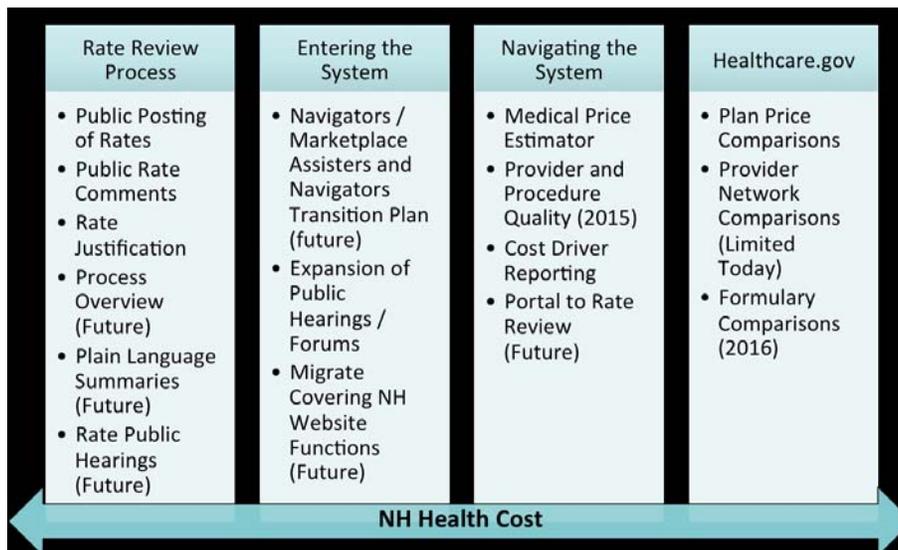
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There is an opportunity for the NHID to develop a more comprehensive “consumer transparency framework” that would consolidate consumer messaging and engagement regarding rate review, purchasing insurance, using insurance, and Healthcare.gov.

Recommendations included 1) developing a consumer transparency framework, such as the one, below to improve health literacy, provide transparency, engage consumers and reinforce NHIS’s role with consumers, 2) developing a public website with a description of New Hampshire’s rate review process with explanatory, supporting text, 3) considering a process to elicit feedback from New Hampshire’s producer community regarding Healthcare.gov and compile that data for the Centers for Medicare and Medicaid Services, 4) encouraging the formal development of a transition plan for Covering NH’s services in order that remaining uninsured consumers will enroll, and 5) reviewing the current capabilities and gaps of the call tracking system to determine if an upgraded or newer technology could assist NHID in making data driven decisions.

Consumer Transparency Framework



Milestone Attachments:

1. Supplemental Report of the 2013 Health Insurance Market In New Hampshire, December 2013
2. Opportunities for Consumer Engagement Beyond New Hampshire’s Rate Review Process
3. Ins4000 Adopted rule
4. Ins4100 Adopted rule

Quantitative analyses of the information for the purpose of rate view

In the first quarter of this first year of Cycle IV funding, NHID posted an RFP for developing a data collection strategic plan for the Department’s health markets. This was done in combination with the scope of work on the annual health premium report and 2014 supplemental report. NHID gained approval for a contract with Gorman Actuarial (Gorman) to assist NHID to

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develop this strategic plan. Work on this project will begin in the third quarter of this year and included interviews and survey with NHID staff and carriers. A database of data sources will be developed along with a reconciliation process. A preliminary report will be developed and presented in the fall of 2015 with final recommendations expected in the summer of 2016.

In the fourth quarter, interviews and surveys were completed with NHID staff and carriers and research was done into data submission enforcement practices in other states. A summary of stakeholder interviews and a summary of data submission enforcement practices in other states were provided. A preliminary report is being developed and will be presented in the fall of 2015 with final recommendations expected in the summer of 2016.

Milestone Attachment:

5. Summary of Stakeholder Interviews to Inform the NHID Strategic Plan for Data Collection
6. Summary of Data Submission Enforcement Practices in Other States, to inform the NHID Strategic Plan for Data Collection

Develop a macroeconomic model to predict market shifts and to project the impact to premiums

The Department contracted with Wakely Consulting Group to update the macroeconomic model as part of the first year of Cycle III funding. (See Cycle III milestones)

Develop a regulatory response to undesirable changes based on the impact to health insurance premiums projected by the macroeconomic model.

Network Adequacy

The Department convened a network adequacy working group in the summer and fall of 2014 following carriers introducing narrow networks in their exchange and off-exchange products. An RFP was posted in January 2015 for a contractor to assist the Department to develop updated network adequacy standards. The RFP requested a contractor to perform analysis of claims data, geographic standards and to develop language for an updated set of rules, INS 2701. Compass Health Analytics was chosen in a competitive bidding process and the contract began in the second quarter. A network adequacy advisory workgroup composed of stakeholders began to meet in the third quarter. In the fourth quarter, the work group continues to meet as part of the Compass contract and includes a range of stakeholders, including consumers, health care providers, nonprofit health care advocates, and insurance companies. The new proposed model replaces provider types with the availability of services at levels of proximity.

Services are divided into four categories:

- Core services are those requiring the closest proximity to the member.
- Common services may require a small amount of travel.
- Specialized services may require travel within the state.
- Highly Specialized services may require travel outside the state.

Several factors were considered in defining the set of services at each level of proximity to a member:

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1. Frequency of service--The most frequent procedures (those accounting for 85% of services delivered, according to the NH CHIS) were grouped into services.
2. Relative location of service--These services were examined to measure how often they were delivered at each level of proximity to the patient.
3. Number of providers of the service--The model is designed to avoid forcing contracts with a single provider of a service.
4. Federal and state requirements--The ACA and other laws and regulations address availability of some services.
5. Healthcare policy--Increase access to services which will improve health and decrease long run costs.

This work is complete for Cycle II funding. Work will continue into the next year with the Cycle III and IV milestones.

Milestone Attachments:

7. Network Adequacy Services Model-June 2015 Draft

Identify a contractor with national experience on regulating the stop loss sector of the market and use their assistance to identify a stop loss regulatory model that will work in New Hampshire.

This work is complete.

Identify a contractor to perform an analysis of NH insurance laws to determine inefficiencies that can be addressed by NHID and are resulting in higher premiums. Recommendations will consider the consumer protection measures that are currently in place.

This work is complete.

Improve the NHCHIS claims and enrollment database so that it can be used for premium rate review by identifying a contractor that can provide both information technology and actuarial expertise.

This work is complete for Cycle II funding. There is related work being done under the Cycle III grant.

Select a vendor to implement the NHHCHIS recommendations and establish a multi-year contract.

This work is complete for Cycle II funding. There is related work being done under the Cycle III grant.

Facilitate better exchange and analysis capabilities among state agencies within the state and to across state borders with other insurance departments.

This work is complete for Cycle II funding.

Update the SERFF system

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This work is complete for Cycle II funding.

Hold public hearings and report on the rate review process findings.

Gorman Actuarial, LLC provided assistance to NHID for three years of annual hearings on rate review. Under state statute, carriers are compelled to testify at the public hearing concerning health insurance cost increases and required to produce information related to their health insurance business in New Hampshire. The first public hearing under this contract was held on September 2012; the second was held on September 26, 2013; and the third was held on October 31, 2014. The vendor completed the analysis and drafted a preliminary report that was shared at the October public hearing. This was a change from the previous years when a report was generated after the hearing. Gorman Actuarial presented the preliminary report on health care cost trend drivers and a panel (carrier medical directors and purchasers discussed the findings and commented on product design, networks, and transparency of costs. A public comment period was provided during the hearing.

The key takeaways from the annual report on health premiums:

- Overall premium trends have increased compared to last year but remain low
- Consumers continue to shift towards products with higher cost sharing, such as higher deductibles
- Medical claim trends are driven by increases in provider reimbursement
- Membership in site of service benefit options have significantly increased over the past couple years
- While stable through the end of 2012, membership in risk sharing contracts has increased in 2013

A final report was published in the first quarter of FY2015. This contract ended December 2014.

NHID posted a new RFP for annual hearings, the supplemental report. The contract is funded by both Rate Review Grant and Department funds. In the second quarter of this year, a kickoff meeting was held and the vendor updated the data submission templates for the annual report and the supplemental report as well as drafted an updated bulletin for the supplemental report. In the third quarter, the data submissions requests for both the supplemental report and the annual report were distributed to the carriers and data has been received for both reports.

Pursuant to 2014 NH Senate Bill 345, an act repealing the prospective repeal of the annual public hearing and report on health insurance cost trends, the legislature added several new requirements that need to be addressed in the annual health premium report. NHID and the vendor researched sources of this additional data to include in the annual report:

- Information and analysis of the amount and impact of uncompensated care
- Past and current medical loss ratios of insurance carriers in NH
- Comparison and analysis of the cost of medical care by payment type
- Information and analysis of total public reimbursements to hospitals and other health care providers by federal, state, and local governments

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- Information and analysis of insurance premiums by provider network
- Information and analysis of plan and premium information on the Federal Employee Plan and National account offered by Anthem Blue Cross Blue Shield
- Comparison and analysis to insurance claim data collected by other states
- Testimony at the public hearing, and any other information or documents submitted in connection with the public hearing

In the fourth quarter, the vendor worked on the analysis of the data received from the carriers and other sources such as the NH Hospital Association and the NH Department for Health and Human Services. The annual hearing is scheduled for November 6, 2015. A preliminary report on health care cost trend drivers will be presented and two panels will be convened. The first panel will be moderated by a consumer health advocate on the patient as decision maker and the second panel will be moderated by the NH Insurance Department and will be centered on cost sharing, benefit design and carrier expectations of insured members. A public comment period will be included in the hearing.

This work is complete for Cycle II funding. There is related work being done under the Cycle IV grant.

Attachments:

8. 2014 NHID Annual Hearing Preliminary Report
9. 2014 NHID Annual Hearing Final Report
10. 2014 NHID Annual Hearing Presentation
11. November 6, 2015 Agenda Annual Hearing on Premium Rates-draft
12. Supplemental Report Bulletin

Determine opportunities to encourage cost-effective provider payment reform

Compass Health Analytics, partnering with the University of Massachusetts Medical School, Center for Health, Law and Economics, developed recommendations in the last quarter regarding the best strategies for health care provider payment reform in New Hampshire. The recommendations are, in part, based on the previous work done under this grant including *New Hampshire's Health Insurance Market and Provider Payment System: An Analysis of Stakeholder Views*, and *Provider Payment Reform in New Hampshire: Legal Considerations for Policymakers*. The recommendations are included in the report, *Health Care Payment Reform: Options and Recommendations*, published in April 2015 and presented in a forum April 24, 2015.

Recommendations from the Compass report include:

1. Comprehensive Strategies
 - Publicly report progress against benchmarks
 - Promote alternative payment methods
 - Study options for strengthening purchaser power
2. Short Term Steps for Reform

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- Continue to expand data transparency by reporting provider and payer data on relative efficiency, quality, and access.
 - Coordinate/leverage available resources and seek funding for long-term reform
 - Establish a commission charged with recommending payment reform legislation
 - Expand consumer protections through quality measurement, utilization monitoring, and grievance and appeals processes
- 3. Stand – Alone Reforms**
- Reform the Certificate of Need process
 - Reform certain nonprofit laws

Milestone Attachments:

13. New Hampshire Health Care Financing: Options and Recommendations-Report

Hold Community Meetings Each Year

Presentations were done for, or meetings were held with, the following groups related to health premium rate review:

- Arthritis Foundation
- Certification of Need (CON) Board
- Citizen’s Health Initiative Leadership Team
- Citizens Health Initiative Quality and Transparency work group
- Governor Hassan’s office
- Harvard Law School
- Harvard Pilgrim Health Care Quarterly Meeting
- Health Advocacy Forum
- Health care reform advisory board
- HealthCost Oversight Commission
- Medicaid Expansion work group
- Network Adequacy Public Session
- Network Adequacy Work Group
- New Futures
- NH Health Exchange Advisory Board
- NH House of Representatives
- NH House of Representatives - Commerce Committee
- NH House of Representatives - Labor Committee
- NH Oral Health Coalition
- NH Public Purchasers Group
- NH Voices for Health
- NHHealthTrust
- NHID Consumer Outreach Listening Session
- NHID Payment Reform event
- Primary Care Workforce Commission
- Producer information session

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- Workers Comp Commission

Identify and implement a process for excluding carrier participation in the exchange due to repeated unreasonable increase, etc.

This work has been completed.

Cycle III Milestones and Outcomes

Develop a model predicting the future insurance marketplace with a focus on the small group and self-insured.

NHID contracted with Wakely Consulting Group to provide assistance to update and/or redevelop a macroeconomic model of the health insurance marketplace. Phase I of the project involved an enrollment analysis based on data collected from insurers, Medicaid/CHIP and the high risk pool as well as a comparison of actual and expected enrollments and premiums for 2014. The Phase I report, *New Hampshire Health Insurance Market Analysis*, was completed in the fourth quarter.

Wakely then completed an updated market model and Phase II report, *New Hampshire Health Insurance Market Analysis*. The Phase II report included projecting the impact of additional changes expected under the ACA and current New Hampshire Medicaid legislation for 2016 and 2017. These changes, as referenced in the report, include:

- The Medicaid expansion population (excluding those considered medically frail and those receiving premium assistance for employer sponsored insurance) transitions from Medicaid Managed Care plans to Qualified Health Plans (QHPs) available in the individual health insurance market as of January 1, 2016. This Medicaid population would be incorporated into the individual market single risk pool.
- The Medicaid expansion sunsets in 2017 when states are expected to begin sharing program costs with the federal government.
- Grandmothered (GM) policies (in both the individual and small group markets) are terminated as of January 1, 2017. Grandmothered policies are those that do not meet the requirements to be grandfathered (i.e., were in place prior to March 2010 with no significant changes made), but were allowed to continue beyond 2014 (at the option of both the state and issuers) without having to comply with all of the ACA market reforms, including the single risk pool requirement. Note that issuers have the option to terminate these policies before 2017.
- The small group market is expanded from groups of 2 – 50 employees to groups of 2 – 100 employees. The analysis includes an estimate of the impact of some groups of 51 – 100 opting to self-fund rather than be subject to the requirements of the small group market, including the adjusted community rating required by ACA.

Wakely's analysis focused on the impact of the above changes to the single risk pools under each of the individual and small group health insurance markets. Wakely developed a model based on 2014 enrollment, claims and premium data collected from New Hampshire insurers, third party administrators (TPAs) who administer self-funded health insurance plans for employer groups, and the state's Medicaid program as part of Phase I of this contract and the 2015 rate filings which were accessed through the National Association of Insurance Commissioners (NAIC)

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System for Rate and Form Filings (SERFF).

Attachment 8:

14. *Phase II report, New Hampshire Health Insurance Market Analysis, Wakely Consulting Group*

Update the rate filing template to continue integration with the federal filing template

No new work was done on this milestone in quarter one.

Payment Reform Phase III: Develop pilot projects to test payment reform methodologies and develop safe harbors.

Explore regulatory models to effectively use third party administrators

In the last quarter, Compass Health Analytics, partnering with the University of Massachusetts Medical School, Center for Health, Law and Economics, developed recommendations for health care provider payment reform in New Hampshire. Current work on this milestone can be found in the Cycle II section.

The recommendations are included in the report, *Health Care Payment Reform: Options and Recommendations* which was published in April 2015 and presented in a forum April 24, 2015.

A payment reform forum was held on April 24th and focused on two areas of research, legal considerations and issues and recommendations for reform in New Hampshire. In addition to the research, two panels were convened and the event ended with a public comment period.

More details on this work can be found in the Cycle II section.

Enhance the SERFF to more effectively collect rate filings

NHID does not anticipate doing any work on this milestone.

Improve communication with the public on rate review and price transparency including developing a communication plan, developing a Consumer Guide, developing website content, contracting with a consumer advocacy organization, developing an outreach plan for HealthCost and developing a pilot consumer navigation project

Developing website content and quality data display

A website developer, WowZilla, was hired to assist NHID with developing a content strategy for an enhanced website; to identify and recommend publicly available quality data; and to develop the information architecture for the website. WowZilla identified and worked on developing recommendations for publicly available quality data to report on NHHealthCost.org, drafted a content strategy for the creation, publication and ongoing management of the content of the HealthCost website, developed the information architecture for the content of the website, and developed a new logo and color palette for NHHealthCost.org. The vendor finalized the quality data recommendations and developed a process for pulling down the data for future refreshes. The data for this version comes from the Joint Commission found at this website www.healthycarequalitydata.org and from CMS found at this link

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<https://data.medicare.gov/data/hospital-compare>. WowZilla also developed the source code for the website architecture and shared this with the development team at UNH WMD. The contract with WowZilla ended in quarter three.

In the fourth quarter, NHID staff continue to refine the language, or content, of the website including the content for the *Guide to Health Insurance* portion of the website. The website launch has been delayed due to delays in the development of the programming of the rates for the new procedures and is scheduled to go live in December 2015 with a public launch in January 2016.

Communication and outreach plan for NHHealthCost.org

Louis Karno and Company (LKarno) was contracted at the end of last year to create a communications and social media plan, a marketing plan to strategically target NHHealthCost.org audience segments, and a method to measure success with metrics. LKarno completed the communications plan in the fourth quarter of last year. LKarno built the Facebook and Twitter social media pages for NHHealthCost and is regularly posting messages about the availability of information on medical pricing on the NHHealthCost.org website. Ads for NHHealthCost.org run regularly on Facebook. Materials have been developed for outreach including banners, business cards, magnets and a PowerPoint presentation to use with the public. Due to the delay in launching the new site, the contract was extended until June of 2016 and plans are to do a public launch and outreach for the new site in January 2016.

The contract will continue through September 30, 2015.

Network Adequacy Standards

Compass Health Analytics was chosen in a competitive bidding process to provide consultation and assistance to update the network adequacy standards outlined in INS 2701. The project was approved and a kickoff meeting and preliminary work began in mid-March. This project is described in more detail in the Cycle II section.

The Department convened a network adequacy working group in the summer and fall of 2014 following carriers introducing narrow networks in their exchange and off-exchange products. An RFP was posted in January 2015 for a contractor to assist the Department to develop updated network adequacy standards. The RFP requested a contractor to perform analysis of claims data, geographic standards and to develop language for an updated set of rules, INS 2701. Compass Health Analytics was chosen in a competitive bidding process and the contract began in the second quarter. A network adequacy advisory workgroup composed of stakeholders began to meet in the third quarter. In the fourth quarter, the work group continues to meet as part of the Compass contract and includes a range of stakeholders, including consumers, health care providers, nonprofit health care advocates, and insurance companies. The new proposed model replaces provider types with the availability of services at levels of proximity.

This work is described more fully in the Cycle II milestone section. Work will continue into the next year as part of the Cycle III and IV milestones.

Milestone Attachments:

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15. NH HealthCost homepage
16. NHHealthCost outreach materials
17. NHHealthCost Power Point presentation
18. NH HealthCost prototype screens
19. NHHealthCost Facebook page
20. NH HealthCost.org draft quality data displays

Health Cost Enhancements-Phase I, II and III

- I. Include data on out of state providers and CPT codes, develop separate sections of the website for different stakeholders, publish charge and paid information, develop an ‘app’ for portable devices, improve functions for uninsured, include prescription drugs pricing and develop a mechanism for user feedback.*
- II. Integrate quality, decision-making, insurance co. specific information, Include Medicaid and Medicare data, and Include dental services/providers.*
- III. Develop methodology and portal for hospitals and providers, calculate measures of quality using claims data or integrate with systems, show health care delivery patterns, and develop/utilize a tool for consumer education of benefits*

NHHealthCost.org

Site maintenance and enhancements

The Department continues to work under a contract with the University of New Hampshire Web and Mobile Development (WMD) to maintain the current NHHealthCost.org site and to develop and launch the enhanced NHHealthCost.org site.

The current site was updated in this quarter with new data and new provider files which allowed the posting of rates for office visits. New Hampshire also has redeemed itself in the eyes of the Catalyst for Payment Reform (CPR). In their 2014 report, New Hampshire was given an “F” grade due to the lack of a functioning public price transparency website. NHID had taken the site down for a time because new data was not available to refresh the rates. However, with the re-launch of the current website, NH HealthCost is now described by CPR as “*a prime example of a price transparency website built with consumers in mind. The site accounts for both insured and uninsured patients and provides great details on the methodology in consumer-friendly terms. We commend New Hampshire for the effort it has put into the site and urge other states to use NH HealthCost as a model when developing price information for their residents.*” New Hampshire was given an “A” rating by CPR in their July 2015 report.

As the fourth quarter ended, the new enhanced website is in the testing phase. The site is currently being tested for mobile responsiveness. Testing of the website for ADA compliance is expected to be completed at the end of October 30. NHID will begin testing the data produced and presented on the site in late October and early November. The soft launch is now scheduled for December 2015.

This contract was extended through September 30, 2016.

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Expanded Procedures

The University of Massachusetts Medical School (UMMS) was chosen as the vendor to expand the number of procedures on the NHHealthCost website and began their work in the third quarter. The work includes research and development regarding the inclusion of Medicare and Medicaid data, rates for dental services and providers, data on out of state providers, statewide and regional charge and paid information and pricing on prescription drugs.

UMMS analyzed the NHCHIS data to identify high-volume procedures in NH and determined measure selection criteria. Service categories were created based on CPT ranges. UMMS has also reviewed other states and mapped NH volume data to lists of procedures on 3 other state websites (ME, VA, MN) to create a hierarchy based on volume and presence on these sites. The results were reviewed by clinicians for quality and accuracy. Based on their research, UMMS made recommendations to NHID for additional procedures to include on NHHealthCost and developed the *statewide average charge* report which was recently added to NHHealthCost. Work continues to develop the coding and outline the methodology for the new procedures.

The University of Massachusetts Medical School (UMMS) completed their work to expand the number of procedures on the NHHealthCost at the end of this year. UMMS developed a laboratory market basket report and specifications for unbundled and bundled procedures. Specifications to develop rates for the following new procedures were developed: dental, physical therapy, behavioral health, laboratory, pharmacy, ambulance and sleep disorders. Additional procedures such as obstetrics, dermatology and pediatrics were also developed but won't be available for the initial launch as provider files still need to be developed.

This contract ended September 30, 2015.

Provider Files

NHID contracted with Helms and Co., Inc. to develop a master list of health care providers for the NH HealthCost database to provide accurate clinician names and association/affiliations with delivery systems or provider group practices. The work under this contract was completed and was evident on the website when it was updated in early July.

A new RFP is under development to continue work on provider files for additional procedures identified in the work done by UMMS. This is expected to be posted in the first quarter of the new year.

Programming Rates on NHHealthCost.org

NHID has a contract with the University of New Hampshire Institute for Health Policy and Practice (IHPP) to program and maintain the programming that develops the rates for procedures on NHHealthCost.org. This contract is funded by Department funds and is part of a larger contract that provides quality assurance of the data submissions to and extracts from the Comprehensive Health Information System (CHIS). IHPP is working to program the specifications that were developed by UMMS for new bundled and unbundled procedures. Due to the complexity of this work, which ensures the integrity of the rates produced, this work is behind schedule and is the primary reason the launch of the enhanced site is delayed.

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Milestone attachments:

21. Statewide Average Charge Report
22. NHHealthCost Market basket-lab results
23. Catalyst for Payment Reform Report Card on State Price Transparency Laws, July 2015
24. NHID Consolidated Specifications Enhanced HealthCost Site

Comprehensive Health Information System (NHCHIS) Enhancements: Integrate Medicare and Medicaid data, hospital discharge data and explore the use of data from other states, identify strategic opportunities for efficient use of data

In September 2014, NHID renewed the Memorandum of Agreement (MOA) with the New Hampshire Department of Health and Human Services (DHHS) to contribute to the cost of improving the NH Comprehensive Health Information System (NHCHIS) so that the data could be used in the rate review process. These extracts are used to produce the rates that are published on the NHHealthCost website.

The work is very focused on improving the quality of the data collected by the NHCHIS vendor, Milliman. A Department funded contract with the University of New Hampshire, Institute on Health Policy and Practice provides quality assurance of the data collected by Milliman and maintenance for the SAS codes to develop the rates for the NHHealthCost website. Weekly meetings are held with Milliman, UNH and the carriers to work on improving the data submitted.

In the last quarter of the year, the revised CHAPTER Ins4000 UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS DATA SETS, the rule that provides the data submission guidelines for the Comprehensive Health Information System (CHIS), was approved by the Joint Legislative Committee on Administrative Rules (JLCAR). The implementation of the new rules began in earnest during this fourth quarter. This work is being done jointly by NHID, NHDHHS and Milliman as well as the data submitters and is planned to be operational by January 1, 2016.

The revised rules have added data elements in the eligibility, medical, pharmacy and dental files and a provider file is now required. The de minimus threshold was changed to exclude the smaller carriers although NH is now looking at a carrier's corporate ownership to make the determination of de minimus. There is a new focus on data elements that provide information on denied claims and new elements have been added that will identify plans that are sold on the health exchange marketplace, those plans that are designed to serve the expanded Medicaid population and additional elements for dental claims.

In addition to the revision of the INS4000 rule, Milliman has had a number of projects ongoing to improve the data quality. The main focus of the work for fiscal year 2015 was develop preprocessing logic for the edits and thresholds in order to implement a new Field, File and Quality Check (FFQC) system and to fine tune the extract process for precise and accurate. Milliman also streamlined processes by moving to a consistent monthly load process to provide DHHS/NHID with a clearer picture of the quality of submitter's data.

The MOA with the NH DHHS is effective through September 30, 2016.

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Hospital Discharge Dataset System

This year, the Department began discussions with NH DHHS about working collaboratively to improve the collection and analysis of the hospital discharge data as this data is an integral part of the NHID analysis of health costs and quality. In this quarter, NHID worked with NHDHHS as they issued a Request for Information (RFI) and developed a Request for Quotes (RFQ). After this work was completed, both agencies decided to issue a Request for Proposal (RFP) for a vendor to collect and consolidate the hospital discharge data. In the last quarter, the two Departments jointly issued a Request for Proposal (RFP) for a vendor to collect and consolidate the hospital discharge data. An MOU was signed between the two agencies for the management of the contract and the funding. A contract is expected to be approved in the next grant year.

Workers Compensation Medical Data

In the last quarter of this year NHID posted a RFP seeking assistance in performing analyses to support improving the transparency of workers compensation medical care expenditures. During the 2015 session, the NH legislature cited the NHCHIS as a resource available to the state to review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices. The legislature passed Senate Bill 133 requiring the NHID Commissioner to consult with workers' compensation advisory organizations, workers' compensation carriers, and third party administrators or self-insureds regarding the most effective options for including workers' compensation medical claims data in the New Hampshire CHIS.

A contractor was chosen, Freedman Health Care, LLC, to analyze the options for adding workers compensation claims data to the NHCHIS and provide a report that includes the timeframe and costs involved, as well as determining the most efficient mechanism to collect and maintain these data. The contract is expected to be approved in mid-October and work will start immediately as the report is due to the legislature December 1, 2015.

Milestone Attachments:

- 25. New Hampshire Comprehensive Health Care Information System Annual Report 2015
- 26. NHCHIS Data Submission Manual-August 2015
- 27. NHID and DHHS DD MOU 9-8-2015

Cycle IV Milestones and Outcomes

New Hampshire received notice of grant award for Cycle IV on September 19, 2014 and state approval to spend the funds was accomplished in the first quarter of this year.

Improve rate filing requirements

Annual Rate Hearing and Supplemental Report

In the first quarter of this first year of Cycle IV funding, NHID posted an RFP, and gained approval for a contract with Gorman Actuarial (Gorman) to assist NHID in the data collection

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and reporting for the annual health premium rate increases. Also included in the scope of work for the contract with Gorman was the work to update the reporting instructions for the NHID supplemental report and collect, analyze and report on the 2014 data. The contract is funded by both Rate Review Grant and Department funds.

NHID posted a new RFP for annual hearings, the supplemental report. The contract is funded by both Rate Review Grant and Department funds. In the second quarter of this year, a kickoff meeting was held and the vendor updated the data submission templates for the annual report and the supplemental report as well as drafted an updated bulletin for the supplemental report. In the third quarter, the data submissions requests for both the supplemental report and the annual report were distributed to the carriers and data has been received for both reports.

Pursuant to 2014 NH Senate Bill 345, an act repealing the prospective repeal of the annual public hearing and report on health insurance cost trends, the legislature added several new requirements that need to be addressed in the annual health premium report. NHID and the vendor researched sources of this additional data to include in the annual report:

- Information and analysis of the amount and impact of uncompensated care
- Past and current medical loss ratios of insurance carriers in NH
- Comparison and analysis of the cost of medical care by payment type
- Information and analysis of total public reimbursements to hospitals and other health care providers by federal, state, and local governments
- Information and analysis of insurance premiums by provider network
- Information and analysis of plan and premium information on the Federal Employee Plan and National account offered by Anthem Blue Cross Blue Shield
- Comparison and analysis to insurance claim data collected by other states
- Testimony at the public hearing, and any other information or documents submitted in connection with the public hearing

In the fourth quarter, the vendor worked on the analysis of the data received from the carriers and other sources such as the NH Hospital Association and the NH Department for Health and Human Services. The annual hearing is scheduled for November 6, 2015. A preliminary report on health care cost trend drivers will be presented and two panels will be convened. The first panel will be moderated by a consumer health advocate on the patient as decision maker and the second panel will be moderated by the NH Insurance Department and will be centered on cost sharing, benefit design and carrier expectations of insured members. A public comment period will be included in the hearing.

The contract goes through September 2017 and has been concluded in the Cycle II milestones.

Enhance consumer protection standards

Market Conduct Rate Review

An RFP for using market conduct to confirm the rates submitted are the actual rates implemented in the market was posted in the third quarter and proposals received in the fourth quarter. Compass Health analytics was chosen as the vendor and the contract was approved through the

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Governor and Executive Council process. This work is being coordinated with the Market Regulation Division at NHID. The project kicked off in September and market conduct exam notifications, data calls and exam warrants were being sent to carriers as the quarter ended.

Network Adequacy Standards

The Department convened a network adequacy working group in the summer and fall of 2014 following carriers introducing narrow networks in their exchange and off-exchange products. An RFP was posted in January 2015 for a contractor to assist the Department to develop updated network adequacy standards. The RFP requested a contractor to perform analysis of claims data, geographic standards and to develop language for an updated set of rules, INS 2701. Compass Health Analytics was chosen in a competitive bidding process and the contract began in the second quarter. A network adequacy advisory workgroup composed of stakeholders began to meet in the third quarter. In the fourth quarter, the work group continues to meet as part of the Compass contract and includes a range of stakeholders, including consumers, health care providers, nonprofit health care advocates, and insurance companies. The new proposed model replaces provider types with the availability of services at levels of proximity.

This work is described more fully in the Cycle II milestone section. Work will continue into the next year as part of the Cycle III and IV milestones.

This contract will go through March 2016.

Improve data collection and quality

Data Collection Strategic Plan

In the first quarter of this first year of Cycle IV funding, NHID posted an RFP for developing a data collection strategic plan for the Department's health markets. This was done in combination with the scope of work on the annual health premium report and 2014 supplemental report. NHID gained approval for a contract with Gorman Actuarial (Gorman) to assist NHID to develop this strategic plan. Work on this project began in the third quarter of this year.

In this current quarter, interviews and surveys have been completed with NHID staff and carriers and research into data submission enforcement practices in other states was done. A summary of stakeholder interviews and a summary of data submission enforcement practices in other states are provided as attachments. A preliminary report will be developed and presented in the fall of 2015 with final recommendations expected in the summer of 2016.

The contract goes through September 2017 and is concluded for the Cycle II phase. It will be included in the Cycle IV projects going forward and completed with Department funds.

Improve data dissemination and transparency through the NHHealthCost.org website

In the first quarter, the Department posted a RFP for a contractor to provide an analysis of New Hampshire consumers' needs and interests related to information about rate filings, medical cost trends, and a health insurance company's justification for increases. The analysis will address a) how to use the internet to share information and how to test whether such use is meeting intended goals; b) minimum disclosure standards for insurers' relative rate increase information, d) whether to continue or how best to use the current public hearings process for reviewing rate increases; e) recommendations for timing of required notices that consider and balance industry

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competition concerns; f) how to meaningfully incorporate third-party websites and other available information; and g) recommendations on what role the NHID should play in these areas, given the role the federal government is playing. Responses are expected in the second quarter.

2. Annual Progress as, or toward, an Effective Rate Review Program:

New Hampshire is recognized as an effective rate review state. NHID efforts to improve the rate review process are based on transparency, efficiency, and increasing carrier accountability through an improved range and accuracy of data and incorporating those data into the rate review process. Much of the work described above is toward that end. A few examples of enhancements that have been made to the process in New Hampshire this year include:

- With the assistance of Gorman Actuarial, NHID integrated the NH rate filing template with the federal template. As part of this work, the criteria for effective rate review were reviewed.
- Carriers are submitting their rate filings on the rate filing templates and the LAH Actuary is actively using the database that consolidates this data as part of his review process. This standardized the format for many of the required data elements required and created standardized summaries from these templates as well as provided better documentation of the underlying factors that influence proposed rate increases.
- NHID designed an annual report concerning premium rates in the health insurance market and the factors that have contributed to rate increases during the prior year. In preparation for the 2014 report, NHID expanded the costs contributing to health premium rates and will provide this information to consumers and other stakeholders prior to the annual hearing to ensure greater transparency and consumer protections.
- Revisions to the INS4000 rules for data submission to the NH Comprehensive Health Information System (CHIS) have been completed and are waiting for Department review.
- NHID has contracted with UNH-IHPP to provide quality assurance as a check on the work of the CHIS data consolidator and to ensure that exceptions and errors are reviewed and followed up on and data submitters are improving their submissions.

3. Challenges and Responses faced this year

NHID was challenged to complete the work with several vendors by the end of September 2014 and requested and received a no-cost extension to provide a longer timeframe for the work and to allow for additional consumer input into the work.

NHID faced some performance challenges with the data consolidation vendor for the NHCHIS. Although NHID decided to take the HealthCost website down temporarily, the data quality and processing issues were resolved and new programming code was implemented to assure the highest level of quality. The website was re-launched July 1.

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4. *Describe any required variations from the original Rate Review Work Plan and companion timeline.*

NHID was granted a no-cost extension for Cycle II through September 2015. Plans for the time period include completing three contracts, a contract with Gorman Actuarial to assist with the annual rate hearing and annual report; a contract with Compass Health Analytics to complete the Supplemental Report; and a contract with Freedman Healthcare to complete the revision of the Ins4000 data submission rules. In addition, four activities have been added to the work plan. These include trademarking the NHHealthCost.org name, enhancing information and data for employers on the NHHealthCost website; researching rate review websites in other states and determining an approach for NH; and enhancing the quality data on the website.

Significant Activities: Undertaken and Planned in 2015

- *NH Supplemental Report*-Compass Health Analytics produced the NH Supplemental Report of 2013 data in December 2014. In addition to the collecting and analyzing the 2013 data, the vendor updated the instructions and template and collected and analyzed special submission of 2012 data for the Supplemental Report to set a baseline for the new requirements.
- *Public hearing on rates*-Gorman Actuarial completed the analysis and drafted a preliminary report on health premiums that was shared at public hearing in October. Subsequent to the public hearing, Gorman completed the final report on health premium cost drivers.
- *Payment Reform*-Compass Health Analytics, partnering with the University of Massachusetts Medical School, Center for Health, Law and Economics, developed recommendations regarding the best strategies for health care provider payment reform in New Hampshire. The recommendations are included in the report, *Health Care Payment Reform*.

A public forum was held April 24th, 2015 and three reports on health provider payment reform were presented. The forum included 2 panels, one composed of providers and the other of carriers to discuss the reports and recommendations. Public comments were also solicited. Compass Health Analytics published their work, *Health Care Payment Reform: Options and Recommendations*. The report contained recommendations including comprehensive strategies such as using benchmarks, promoting alternative payment methods and studying options for strengthening purchaser power; short term steps for reform such as data transparency, leveraging resources, establishing a commission on payment reform and expanding consumer protections; and stand-alone reforms such as reforming the certificate of need (CON) process and reforming nonprofit laws.

- Wakely Consulting completed an updated market model and the Phase II report, *New Hampshire Health Insurance Market Analysis*. The Phase II report includes projections of the impact of additional changes expected under the ACA and current New Hampshire Medicaid legislation for 2016 and 2017.

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- NHID gained approval for a contract with Gorman Actuarial (Gorman) to assist NHID in the data collection and reporting for the next three annual health premium rate increase reports; to update the reporting instructions for the NHID supplemental report; and to develop a data collection strategic plan for the Department's health markets. As the year ended, the annual hearing has been scheduled for November 6, 2015.
- Effective Rate Review-After a review of the most recent federal guidance for an effective rate review program, the Department has proposed revisions to CHAPTER Ins 4100 REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS, to make for a stronger and more effective rate review program and process. The revisions were adopted in July 2015.
- Network Adequacy Standards- Goals for revising the network adequacy rules include: ensuring consumer protection consistent with the statute: "access without unreasonable delay", allowing for networks based on cost-effective health care, including from non-traditional providers and settings, increasing carrier and provider competition in order to facilitate greater consumer choice, reducing health care costs, lowering insurance premiums, and improving local access to primary care, mental health, and substance abuse services. Compass Health Analytics has analyzed the claims data to develop categories of services and lists of CPT codes. A model has been developed for using health care services rather than providers to determine network adequacy. A network adequacy advisory workgroup composed of stakeholders meets monthly.
- Consumer Needs and Interests- LKarno & Co. examined the needs and interests about the rate review process from a variety of perspectives including the consumer, producer, regulatory and carrier, and published findings and recommendations on rate review and for broader consumer engagement. Findings indicate that consumers do not understand the rate review process; that producers perceive themselves to be more educated; that the NHID website is difficult to navigate for consumers; no public comments have been made about rate review in NH using the SERFF interface; and the NHID call tracking system is lacking in specificity. Review of the area of transparency found NHID has numerous ways to support and engage consumers. Recommendations included further developing the transparency framework, now present; providing information on the rate review process on a public website, providing integration between the NHID website and the SERFF to allow consumers to view filings and comment; reviewing the capabilities of the call tracking system to determine if newer technology could assist NHID in making data driven decisions.
- Enhancements to NHHealthCost.org - Work was completed on the content management system, the quality data, and the overall design for the enhanced website. Several provider files were completed that will allow for additional providers to display on the new website and additional files are in development. Work was completed in this year on adding additional rate methodology for radiology, dental, and primary care, sleep disorders, physical therapy, and chiropractic procedures and behavioral health and ambulance services, as well as laboratory and pharmacy pricing. The content language for the Guide to Health Insurance is being finalized. Programming for the rates is in process. Google analytics reports were developed for the NHealthCost.org that will

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allow NHID to track usage data for the website.

- *Ins4000 approval and implementation-* CHAPTER Ins4000 UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS DATA SETS, the rule that provides the data submission guidelines for the Comprehensive Health Information System (CHIS) was approved by the Joint Legislative Committee on Administrative Rules (JLCAR) at the end of June 2015. The new rules are in the process of being implemented by NHID, NHDHHS and Milliman as well as the data submitters. The revised data submission guidelines require new file formats by the data submitters and new pre-processing standards to be developed by Milliman. A timeline of six months has been allowed for this process. Data files in the new format are expected to be submitted starting January 1, 2016.
- Uniform Health Facilities Discharge Data System (UHFDDS) – NHDHHS and NHID signed a MOU for developing and funding a new hospital discharge data system and posted a RFP for the new system to improve the collection and analysis of the hospital discharge data. This data is an integral part of the NHID analysis of health costs and quality.

Operational/Policy Developments/Issues

NHID worked with policymakers to hold an event on payment reform on April 24th 2015 that highlighted the work and recommendations of the team from Compass Health Analytics and the UMMS Center for Health, Law and Economics as well as the past work on payment reform.

NHID was successful in revising CHAPTER Ins 4100 REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS and CHAPTER Ins4000 UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS DATA SETS

NHID is continuing to work on defining network adequacy standards for New Hampshire (INS 2701). The Department hosts a monthly working group on this topic and Compass Health Analytics provides analytical services to the group.

Compass Health Analytics was chosen as the vendor to conduct market conduct rate review. This work is being coordinated with the Market Regulation Division at NHID. The project kicked off in September and market conduct exam notifications, data calls and exam warrants were being sent to carriers as the quarter ended.

Public Access Activities

The NHID held the 2014 annual public hearing concerning premium rates in the health insurance market in October. The hearing featured a presentation by Gorman Actuarial on the annual report of cost drivers and a panel of carriers and purchasers providing additional insight and examination of the factors that impact rates. The venue for the hearing was changed to provide additional space for attendees and live streaming was provided.

A public listening session was held on May 7th to engage the public and gain feedback on the premium rate review process and health insurance issues.

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A public forum on health care provider payment reform is planned for April 24, 2015. At this forum, three reports on payment reform, generated from the rate review grant, will be presented and discussed.

The New Hampshire Insurance Department is dedicated to improving the price transparency of health care services and the HealthCost website is the primary tool for providing this service. NHID continues its work on enhancements to the HealthCost website. On April 1, a new section will be added to NHHealthCost.org that includes statewide average reports. The statewide reports identify the range of provider charges and insurer prices for the most common procedures in New Hampshire. These reports were created using data submitted by insurance carriers to the New Hampshire Comprehensive Health Care Information System (CHIS)

The annual hearing on health premium rates has been in the planning stages. The event is scheduled for November 6, 2015. A preliminary report on health care cost trend drivers will be presented and two panels will be convened. The first panel will be moderated by a consumer health advocate on the patient as decision maker and the second panel will be moderated by the NH Insurance Department and will be centered on cost sharing, benefit design and carrier expectations of insured members. A public comment period will be included during the hearing.

Materials Produced:

- Supplemental Report of the 2013 Health Insurance Market In New Hampshire, December 2013
- Opportunities for Consumer Engagement Beyond New Hampshire's Rate Review Process
- Ins4000 revised rule-final
- Ins4100 revised rule-final
- Summary of Stakeholder Interviews to Inform the NHID Strategic Plan for Data Collection
- Summary of Data Submission Enforcement Practices in Other States, to inform the NHID Strategic Plan for Data Collection
- Network Adequacy Services Model-June 2015 Draft
- 2014 NHID Annual Hearing Preliminary Report
- 2014 NHID Annual Hearing Final Report
- Supplemental Report Bulletin
- New Hampshire Health Care Financing: Options and Recommendations-Report
- Phase II report, New Hampshire Health Insurance Market Analysis, Wakely Consulting Group
- NH HealthCost enhanced site homepage
- NHHealthCost outreach materials
- NHHealthCost Power Point presentation
- NH HealthCost prototype screens
- NHHealthCost Facebook page
- NH HealthCost.org draft quality data displays
- Statewide Average Charge Report

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- NHHealthCost Market basket-lab results
- NHID Consolidated Specifications Enhanced HealthCost Site
- NHID and DHHS DD MOU 9-8-2015

Annual Impact:

The annual impact on the rate review process is best summarized with the annual hearing on health premium rates held each fall; the work that has resulted in improved data quality in the NHCHIS; and the planned launch of the enhanced NHHealthCost.org website.

The annual hearing brings together the work over the past year to analyze the cost drivers in the market and present the results to the public. The 2014 hearing was held in October 2014. The agenda for the hearing included the major findings from the 2013 data submitted by health insurance companies in New Hampshire. A moderated panel covered the topics of health plan product design, networks, and the transparency of costs. A second panel focused on developments in the health care financing and delivery systems. A public comment period is held and live streaming was provided for those unable to attend in person. This annual work continues with Gorman Actuarial in 2015. Additional data and information has been added to the report as requested by the legislature and the annual hearing is scheduled for November 6, 2015.

The approved revision to the rules for data submission to the NHCHIS (INS4000) pave the way for new data elements and improved data quality which will positively impact the price transparency efforts of the Department and the rates published on the NHHealthCost website.

A significant amount of work has been completed to provide enhancements to the NHHealthCost website. Rates for procedures in new service areas have been developed along with the provider files to display the rates and programming codes is being written. Laboratory market basket and statewide reports of rates have been created and quality data displays have been designed. Quality data download processes have been described and the guide to health insurance is in the final stages. The launch of the enhanced site is scheduled for December 2015.

Data Center

A major portion of the work in Cycle II and III has been focused on the NHCHIS, NH's All Payers Claims Database (APCD), and the NHHealthCost.org website. This year, NHID worked with NHDHHS to create a new MOU to work together on the posting of a RFP for the development of a uniform discharge dataset system.

Collaborative efforts

NHID worked with the NH DHHS to sign an MOU develop a RFP for a new system to improve the collection and analysis of the hospital discharge data. This data is an integral part of the NHID analysis of health costs and quality. The MOU was signed by Commissioners of both Departments and the RFP has been posted.

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Annual Updated Budget--The following table shows the actual Cycle II & III expenditures for contractors through September 30, 2015 and in some cases expected expenditures through September 30, 2016.

Rate Review Grant Cycle II, Cycle III & Cycle IV Contracts											
RRG's Cycle II	Winning Bid	Status	Contract Amount	Federal Fiscal Year Appropriations						Paid & Collected 9/30/2015	Remaining
				FY12	FY13	FY14	FY15	FY16	FY17		
RRG 02	Gorman Actuarial	Approved 4/18/12	\$ 142,570.00	\$ 142,570.00	\$ -	\$ -				\$ 142,570.00	\$ -
RRG 03	Compass Health	Approved 4/18/12	\$ 200,000.00	\$ 200,000.00	\$ -	\$ -				\$ 165,239.00	\$ 34,761.00
RRG 04	Manatt, Phelps, & Phillips	Approved 5/9/12	\$ 125,000.00	\$ 125,000.00	\$ -	\$ -				\$ 124,767.41	\$ 232.59
RRG 05	Rath, Young, & Pignatelli	Approved 4/18/12	\$ 35,000.00	\$ 35,000.00	\$ -	\$ -				\$ 35,000.00	\$ -
RRG 06	UNH	Approved 4/18/12	\$ 68,386.00	\$ 68,386.00	\$ -	\$ -				\$ 59,390.28	\$ 8,995.72
RRG 07	Reporting MD	Approved 5/9/12	\$ 60,000.00	\$ 60,000.00	\$ -	\$ -				\$ 60,000.00	\$ -
RRG 08	MMcLeod	Approved 5/9/12	\$ 308,040.00	\$ 36,671.00	\$ 88,011.00	\$ 95,346.00	\$ 88,011.00			\$ 305,360.45	\$ 2,679.55
RRG 09	Gorman Actuarial	Approved 4/18/12	\$ 159,930.00	\$ 53,310.00	\$ 106,620.00					\$ 91,705.00	\$ 68,225.00
RRG 11	Gorman Actuarial	Approved 8/8/12	\$ 341,000.00	\$ 26,231.00	\$ 157,385.00	\$ 157,385.00				\$ 319,610.00	\$ 21,390.00
RRG 11A	UMass	Approved 9/18/13	\$ 1,200.00	\$ -	\$ 1,200.00					\$ 1,200.00	\$ -
RRG 11B	Freedman	Approved 9/18/13	\$ 1,300.00	\$ -	\$ 1,300.00					\$ 1,300.00	\$ -
RRG 11C	S.E.Patnaude	Approved 9/26/13	\$ 970.00	\$ -	\$ 970.00					\$ 970.00	\$ -
RRG 12	Umass	Approved 12/16/12	\$ 105,000.00	\$ -	\$ 105,000.00	\$ -				\$ 103,257.06	\$ 1,742.94
RRG 13	Gorman Actuarial	Approved 3/20/13	\$ 139,610.00	\$ -	\$ 97,727.00	\$ 41,883.00				\$ 139,610.00	\$ -
RRG 14	University of New Hampshire	Approved 11/6/13	\$ 64,991.00	\$ -	\$ -	\$ 64,991.00				\$ 64,978.73	\$ 12.27
RRG 15	Compass Health	Approved 1/15/14	\$ 150,000.00	\$ -	\$ -	\$ 150,000.00				\$ 150,000.00	\$ -
RRG 16	Freedman HealthCare	Approved 1/29/14	\$ 50,000.00	\$ -	\$ -	\$ 50,000.00				\$ 50,000.00	\$ -
RRG 17	Manatt Health Solutions	Approved 4/9/14	\$ 96,275.00			\$ 96,275.00				\$ 96,275.00	\$ -
RRG 18	Compass Health	Approved 8/5/14	\$ 60,000.00			\$ 40,000.00	\$ 20,000.00			\$ 60,000.00	\$ -
RRG 18A	Compass Health	Approved 3/31/15	\$ 5,639.00				\$ 5,639.00			\$ 5,438.00	\$ 201.00
RRG 18B	Manatt Health Solutions	Approved 4/24/15	\$ 1,900.00				\$ 1,900.00			\$ 1,900.00	\$ -
RRG 401	Gorman Actuarial	Approved 12/23/14	\$ 125,000.00				\$ 125,000.00			\$ 94,680.00	\$ 30,320.00
RRG 308	Louise Karno & Co LLC	Approved 2/25/15	\$ 89,000.00				\$ 89,000.00			\$ 73,037.66	\$ 15,962.34
RRG 403	Compass Health	Approved 3/13/15	\$ 100,000.00				\$ 100,000.00			\$ 79,681.00	\$ 20,319.00
CHIS	NHDHHS MOA	Approved 6/6/12	\$ 1,000,000.00	\$ 301,707.00	\$ 350,000.00	\$ 348,293.00				\$ 1,000,000.00	\$ -
CHIS	NHDHHS MOA	Approved 9/16/15	\$ 155,000.00					\$ 155,000.00		\$ -	\$ 155,000.00
Subtotal Cycle II:			\$ 3,585,811.00	\$ 1,048,875.00	\$ 908,213.00	\$ 1,044,173.00	\$ 429,550.00	\$ 155,000.00		\$ 3,225,969.59	\$ 359,841.41
Cycle III						FY14	FY15	FY16	FY17	9/30/2015	Remaining
RRG 301	UNH	Approved 3/12/14	\$ 273,765.00			\$ 100,861.00	\$ 172,904.00			\$ 58,626.17	\$ 215,138.83
RRG 302	MMcLeod	Approved 2/14/14	\$ 165,075.00			\$ 67,968.00	\$ 101,952.00			\$ 85,780.76	\$ 79,294.24
RRG 303	Wakely	Approved 3/12/14	\$ 104,930.00			\$ 73,451.00	\$ 31,479.00			\$ 104,929.75	\$ 0.25
RRG 304	UMASS	Approved 4/23/14	\$ 174,281.00			\$ 69,712.00	\$ 104,569.00			\$ 145,502.50	\$ 28,778.50
RRG 305	Wowzilla	Approved 4/9/14	\$ 150,000.00			\$ 60,000.00	\$ 90,000.00			\$ 146,627.64	\$ 3,372.36
RRG 306	Louise Karno & Co LLC	Approved 7/16/14	\$ 89,330.00				\$ 89,330.00			\$ 22,595.82	\$ 66,734.18
RRG 307	Helms & Co	Approved 7/16/14	\$ 40,000.00				\$ 40,000.00			\$ 37,569.75	\$ 2,430.25
RRG 403	Compass Health	Approved 3/13/15	\$ 60,000.00				\$ 40,000.00	\$ 20,000.00		\$ -	\$ 60,000.00
CHIS	NHDHHS MOA	Approved 9/16/15	\$ 845,000.00				\$ 334,000.00	\$ 178,000.00	\$ 333,000.00	\$ 334,000.00	\$ 511,000.00
Subtotal Cycle III:			\$ 1,902,381.00	\$ -	\$ -	\$ 371,992.00	\$ 1,004,234.00	\$ 198,000.00		\$ 935,632.39	\$ 966,748.61
Cycle IV							FY15	FY16	FY17	9/30/2015	Remaining
RRG 401	Gorman Actuarial	Approved 12/23/14	\$ 125,000.00				\$ 56,818.00	\$ 68,182.00		\$ 42,855.00	\$ 82,145.00
RRG 402	MMcLeod	Approved 11/12/14	\$ 120,000.00				\$ 57,391.00	\$ 62,609.00		\$ 12,328.55	\$ 107,671.45
RRG 403	Compass Health	Approved 3/13/15	\$ 32,800.00						\$ 32,800.00	\$ -	\$ 32,800.00
RRG 404	Compass Health	Approved 8/26/15	\$ 65,000.00					\$ 65,000.00		\$ -	\$ 65,000.00
Subtotal Cycle IV			\$ 342,800.00	\$ -	\$ -	\$ -	\$ 114,209.00	\$ 195,791.00	\$ 32,800.00	\$ 55,183.55	\$ 287,616.45
Totals:			\$ 5,830,992.00	\$ 1,048,875.00	\$ 908,213.00	\$ 1,416,165.00	\$ 1,547,993.00	\$ 548,791.00	\$ 32,800.00	\$ 4,216,785.53	\$ 1,614,206.47

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

The following table shows total Cycle II & III grant funds expended through September 30, 2015:

Cycle II, Cycle III & Cycle IV Rate Review Grant								
	Cycle II Budgeted Years One - Four	Cycle III Budgeted Years One - Two	Cycle IV Budgeted Years One - Two	Total Rate Review Budgeted	Cycle II Expended Thru 9/30/15	Cycle III Expended Thru 9/30/15	Cycle IV Expended Thru 9/30/15	Total Rate Review Expended Thru 9/30/15
Personnel	\$ 99,967.00	\$ 46,800.00	\$ 35,100.00	\$ 181,867.00	\$ 64,263.75	\$ 8,290.78	\$ 659.90	\$ 73,214.43
Fringe	\$ 51,715.00	\$ 3,580.00	\$ 2,685.00	\$ 57,980.00	\$ 4,915.54	\$ 634.32	\$ 50.34	\$ 5,600.20
Travel	\$ 16,500.00	\$ 5,000.00		\$ 21,500.00	\$ 17.07	\$ 9.91		\$ 26.98
Equipment	\$ 25,200.00	\$ 1,000.00		\$ 26,200.00	\$ 10,224.89	\$ -		\$ 10,224.89
Supplies	\$ -	\$ 1,000.00		\$ 1,000.00	\$ -	\$ -		\$ -
Total Contractual	\$ 3,243,000.00	\$ 2,927,848.00	\$ 1,134,036.00	\$ 7,304,884.00	\$ 3,225,969.59	\$ 935,632.39	\$ 55,183.55	\$ 4,216,785.53
Other	\$ 128,556.00	\$ 35,020.00	\$ 7,179.00	\$ 170,755.00	\$ 17,276.73	\$ 3,359.09	\$ 480.04	\$ 21,115.86
Total Budget	\$ 3,564,938.00	\$ 3,020,248.00	\$ 1,179,000.00	\$ 7,764,186.00	\$ 3,322,667.57	\$ 947,926.49	\$ 56,373.83	\$ 4,326,967.89

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

Updated Rate Review Work Plan and Timeline

NHID received a no-cost extension for Cycle III through September 30 2016. The work plan has been pushed out into the next year.

Health Insurance Rate Review Grant Program

Cycle II, III & IV Annual Report

Updated Evaluation Plan-Cycle II

Key Indicators	Timeline	Progress Notes	% Complete
Hiring two staff members	Year 1-4	Part time bookkeeper hired in 2012 Project Manager contracted in 2012	100 %
Recommendations from the Cycle I contractors are implemented (website, standardized rate filing form, revised supplemental report submission instructions, mechanisms for integrating information from NHCHIS, rate increase proposals, annual statements, supplemental report data)	Year 1-4	Revised INS 4100 rule- <i>rule approved by JLCAR – work complete</i> New rate filing process- <i>work completed</i> New rate filing database - <i>work completed</i> SAS coding for published rates - <i>work completed</i> Supplemental Report bulletin revised. Initial <i>work completed, contract established for new round of work</i> Determine consumer needs and interests- <i>Work complete</i>	100%
Quantitative analysis of the various data sources completed	Year 1-2	Compass Health contract- <i>work completed</i> Data collection strategic plan- <i>contract with Gorman established and interviews conducted; work moves to cycles III and IV</i>	100%
Macroeconomic Model of market changes developed	Year1	Gorman Actuarial contract- <i>work completed</i>	100%
Legislation/administrative rules developed in response to adverse market changes	Year 2	SB 148 passed which included the new Market rules- <i>work completed</i> HB526 passed with language on the procedure for the termination of activities and dissolution of the operation of the high risk pool- <i>work completed</i> Ins2701 Network Adequacy Standards rewrite- <i>contract established with Compass; work group meeting, model outlined; work moves to cycles III and IV</i>	100%
Regulatory model for stop loss developed and implemented	Year 1-2	Regulatory model developed- <i>work completed</i>	100%
Assessment of NH insurance laws for cost-effectiveness completed	Year 1-2	Laws assessed, Legislation submitted in 2013 session - <i>work completed</i>	100%

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

Project plan for developing NHCHIS for use in rate review process completed	Year 1	UNH IHPP contract- <i>work completed</i>	100%
NHCHIS database is made effective for rate review	Year 1-3	MOA with NH DHHS- <i>work complete for this cycle</i>	100%
Opportunities and limitations with NH rate review process established	Year 1	No progress	0%
Opportunities for interstate and intrastate exchange of data and analyses are identified	Year 1-2	ReportingMD contract- <i>work completed</i>	100%
NAIC SERFF enhancements established	Year 1-3	Enhancements completed and available as of April 2013.	100%
Annual public hearings on premium rate review and report of findings completed	Year 1-4	2011 and 2012 annual hearing/reports- <i>work completed</i> 2013 annual report and hearing- <i>work complete</i> 2014 annual hearings/report- <i>Annual hearing scheduled for November 1, 2015; work moves to cycles IV</i>	100%
Community stakeholder meetings held	Year 1-4	Ongoing, see list enclosed	100%
Opportunities to influence provider payment reform through the rate review process identified	Year 1-4	Regulatory research- <i>work completed</i> Payment reform recommendations- <i>work complete</i> Public forum held- <i>work complete</i>	100%
Process for identifying exclusion criteria for carrier participation in the exchange completed	Year 2-3	<i>Work complete</i>	100%
Trademark the Health Cost website name	Year 4	<i>Work moves to Cycle III</i>	25%
Enhance the information and data available for employers on health care costs.	Year 4	<i>Work moves to Cycle III</i>	30%
Research rate review websites in other states and determine approach to use in NH.	Year 4	<i>Work complete</i>	100%
Enhance quality data on Health Cost website	Year 4	<i>Work complete</i>	100%

Updated Evaluation Plan-Cycle III

Key Indicator/Milestones	Timeline	Progress Notes	% Complete
1. Develop a model predicting the future insurance marketplace with a focus on the small group and self-insured.	Year 1-2	RFP RRG 303 awarded to Wakely Consulting Group- <i>Work complete</i>	100%
2. Update the rate filing template to continue integration with the federal filing template	Year 1-2	<i>No work has been done in this area</i>	0%
3. Payment Reform Phase III • Develop pilot projects to test payment reform methodologies • Develop safe harbors	Year 1-2	<i>Work complete</i>	100%
4. Explore regulatory models to effectively use third party administrators	Year 2	<i>Work complete-see Cycle II work on payment reform</i>	100%
5. Enhance the SERFF to more effectively collect rate filings	Year 2	<i>Not participating at this time.</i>	N/A

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

Key Indicator/Milestones	Timeline	Progress Notes	% Complete
6. Improve communication with the public on rate review and price transparency <ul style="list-style-type: none"> • Develop a communication plan • Develop a Consumer Guide • Develop website content • Contract with a consumer advocacy organization • Develop an outreach plan for HealthCost • Develop a pilot consumer navigation project 	Year 1-3	WowZilla contract to develop website content management system- <i>Work complete</i> Louis Karno. Marketing and outreach of NHHealthCost website- <i>Communication and outreach plan complete.</i> <i>Website content in process</i> <i>Guide to Health Insurance in process</i>	75%
7.-9. Phase I-III: Health Cost Enhancement <ul style="list-style-type: none"> • Include data on out of state providers and CPT codes • Develop separate sections of the website for different stakeholders • Publish charge and paid information • Develop an 'app' for portable devices • Improve functions for uninsured • Include prescription drugs pricing • Develop mechanism for user feedback • Integrate quality, decision-making, insurance co. specific information • Include Medicaid and Medicare data • Include dental services/providers • Develop methodology and portal for hospitals and providers • Calculate measures of quality using claims data or integrate with systems • Show health care delivery patterns • Develop/utilize a tool for consumer education of benefits 	Year 1-3	UNH WMD. Design and develop a newly updated NH HealthCost website. <i>In process</i> UMMS. Research and programming to add additional procedures, dental procedures, pharmacy info, Medicare and Medicaid data. <i>Development work complete</i> Helms and Co. Develop a provider file for Health Cost database- <i>Work complete</i>	75%
10. Comprehensive Health Information System (NHCHIS) Enhancements <ul style="list-style-type: none"> • Integrate Medicare and Medicaid data, hospital discharge data and explore the use of data from other states • Identify strategic opportunities for efficient use of data 	Year 1-3	MOA with NH DHHS renewed. MOU with NH DHHS for discharge data- <i>MOU signed</i> <i>RFP posted for new system to collect and consolidate discharge data</i>	50%
11. Trademark the Health Cost website name	Year 3	<i>In process-Attorney discussing potential vendor with other state agencies who have done similar work;</i>	25%
12. Enhance the information and data available for employers on health care costs.	Year 3	<i>Information and feedback data gathering in process</i>	30%

Health Insurance Rate Review Grant Program

Cycle II, III & IV Annual Report

Cycle IV Evaluation Plan

Key Indicator/Milestones	Baseline Data	Progress expected	% Complete
Milestone 1. Improving rate filing requirements			
<i>Objective 1. Improve the ability to review rate filings in relation to the market as a whole</i>	Market model Rate filing template and database	Enhanced market model with new small group configuration (up to 100) Updated rate filing template and database	0%
Milestone 2. Enhancing consumer protection standards			
<i>Objective 1. Ensure that the rates submitted are the actual rates implemented in the market.</i>	Market conduct exams for rate filings: 0	Market conduct exams for rate filings: 5	50%
<i>Objective 2. Provide factors contributing to health premium rate increases.</i>	Annual hearing held Report published 60-80 participants	Annual hearing held with new format Report published with five additional analytics included. 100 participants	<ol style="list-style-type: none"> 1. Contract for market conduct rate review has been approved and work has begun 2. Work in process for annual report on medical cost drivers 3. Website analytics available and reports being developed 4. Work complete 5. NHID staff sits on Certificate of Need (CON) board
<i>Objective 3. Develop communication strategy-strategic plan and broaden outreach.</i>	Limited website analytics available to define audience	Audience defined-Website analytics available Monthly communications with stakeholders	
<i>Objective 4. Design a provider payment system/model that achieves a balance between protecting consumers from financial risk and controlling costs.</i>	Stakeholder views assessed Legal considerations outlined Recommendations (in process)	Options for aligning public and private developed Alternative health care financing models and regulatory models defined Concierge/boutique medicine payment systems described Solutions complement the commercial insurance system, potentially reduce premiums, and maintain consumer protections. Partnership with NH DHHS on the SIM	
<i>Objective 5. Broaden the Department's role in the areas of health care policy.</i>	NHID's role in health care policy is undefined	Strategic plan developed clearly outlining the role and responsibilities of the NHID in health care policy.	
Milestone 3. Improve data collection and quality			
<i>Objective 1. Improve the NH Comprehensive Health Information System (NHCHIS)</i>	Commercial insurance, Medicaid, Medicare data included in database. MOA with NHDHHS ends September 30, 2014	<ol style="list-style-type: none"> a. FEP and workers compensation data included in the data base b. MOA with NHDHHS extended to September 30, 2016. c. RFP posted for developing a data collection strategic plan for the Department's health markets 	50% <ol style="list-style-type: none"> a. FEP data received from carriers b. MOA with NHDHHS extended. c. Data collection strategic plan is in draft
Milestone 4. Improve data dissemination and transparency through the NHHealthCost.org website			
<i>Objective 1. Enhance the health care cost and pricing information on NH HealthCost</i>	40 bundled medical procedures	80 unbundled medical procedures 60 bundled medical procedures 20 dental procedures	40%
<i>Objective 2. Enhance and expand the health care quality data on NH HealthCost</i>	Quality data sources being developed	NHCHIS data contributes to quality data displayed	<ol style="list-style-type: none"> 1. Additional procedures identified; display and coding developed 2. Quality data received from Joint Commission and CMS; data displays developed and website in testing environment. 3. In process 4. NHHealthCost website content management system allows for consumers to provide questions
<i>Objective 3. Inform consumers about health insurance companies and carrier cost and quality initiatives.</i>	No data or links now provided	Links and integration to carrier data initiatives achieved	
<i>Objective 4. Increase the Departments knowledge and understanding of the needs of the consumer for healthcare pricing and quality information</i>	No feedback loop or process exists with NH HealthCost	Feedback process developed on the website to allow for audience segmentation and communication	

Health Insurance Rate Review Grant Program

Cycle II, III & IV Annual Report

Annual Report Summary Statistics:

Please fill in the data as available below for grant activity occurring over the past year.

- Total Funds Expended to date: \$4,326,968
- Total Staff Hired (new this quarter and hired to date with grant funds): 0 new, 1 hired
- Total Contracts in Place (new this quarter and established to date): 2 new (including DHHS MOA), 38 established to date (including 2 DHHS MOAs)
- Introduced Legislation: No, however new regulations have been proposed/established
- Money saved for consumers through rate review during the federal fiscal year: N/A
- Enhanced IT for Rate Review: Yes (NHCHIS)
- Submitted Rate Filing Data to HHS: Yes
- Enhanced Consumer Protections: No
 - Consumer-Friendly Website: In process
 - Rate Filings on Website: Yes
 - Medical Pricing data on Website: Yes. www.NHHealthCost.org

Data Center Activities

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): 0
- Total Contracts in Place for Data Center (new this quarter and established to date): 6 established
- Enhanced IT for Data Center: Yes, data updated quarterly
- Gained access to new or more comprehensive data sets: Not in this quarter
- Enhanced public availability of price data for medical services: Yes
 - Provided new data regarding the prices of medical services on website: Data updated quarterly
 - Integrated medical pricing data with other health care data sets: Under contract
 - Tested new website applications and reports with consumers and/or through usability testing: Usability testing done by WowZilla
 - Number of website hits (Provide dates for the period from which the new visitor count was taken):
 - Total (During 7/1/15-9/30/15 time period): 17,427
 - New visitors (During 7/1/15-9/30/15 time period): 13,203

Consultants engaged during this year:

1. Name	Bela Gorman
Organizational Affiliation	Gorman Actuarial
Nature of Services	Assist NHID in 1) data collection and reporting for annual health premium rate increases, 2) updating reporting instructions for the supplemental report, and 3) developing a strategic plan for data

Health Insurance Rate Review Grant Program Cycle II, III & IV Annual Report

	collection efforts that pertain to the Department's health markets.
Relevance to Project	<p>Milestones:</p> <ul style="list-style-type: none"> • Implementation of the recommendations developed during the Cycle I grant period • Hold public hearings and report on the rate review process findings • Improve data collection and quality
Number of Days of Consultation	144 days
Expected Rate of Compensation	\$250,000
2. Name	
Organizational Affiliation	MMcLeod Consulting
Nature of Services	Project Management
Relevance to Project	Cycle IV, manage vendors and project work
Number of Days of Consultation	175
Expected Rate of Compensation	\$680/day
3. Name	
Organizational Affiliation	Lkarno and Company
Nature of Services	Research on consumer needs and interests for rate review information
Relevance to Project	Cycle II, Implementation of Cycle I Recommendations
Number of Days of Consultation	107
Expected Rate of Compensation	\$89,000
4. Name	
Organizational Affiliation	Compass Health Analytics
Nature of Services	Rewrite Network Adequacy Standards
Relevance to Project	Cycle II, Develop a regulatory response to undesirable changes; Cycle III-improve communication with the public
Number of Days of Consultation	118
Expected Rate of Compensation	\$192,800
5. Name	
Organizational Affiliation	Compass Health Analytics
Nature of Services	Present at Payment Reform Event on Recommendations for NH
Relevance to Project	Cycle II-Determine opportunities for cost-effective payment reform; Cycle III-Payment reform
Number of Days of Consultation	3
Expected Rate of Compensation	\$5,639
6. Name	
Organizational Affiliation	Manatt Health Solutions
Nature of Services	Present at Payment Reform Event on Recommendations for NH
Relevance to Project	Cycle II-Determine opportunities for cost-effective payment reform; Cycle III-Payment reform
Number of Days of Consultation	1

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Expected Rate of Compensation	\$1,900
7. Name	James Highland
Organizational Affiliation	Compass Health Analytics
Nature of Services	Market Conduct Rate Review
Relevance to Project	<i>Cycle IV- Enhance consumer protection standards</i>
Number of Days of Consultation	45 days
Expected Rate of Compensation	\$65,000

Enclosures/Attachments

1. Supplemental Report of the 2013 Health Insurance Market In New Hampshire, December 2013
2. Opportunities for Consumer Engagement Beyond New Hampshire's Rate Review Process
3. Ins4000 revised rule-final
4. Ins4100 revised rule-final
5. Summary of Stakeholder Interviews to Inform the NHID Strategic Plan for Data Collection
6. Summary of Data Submission Enforcement Practices in Other States, to inform the NHID Strategic Plan for Data Collection
7. Network Adequacy Services Model-June 2015 Draft
8. 2014 NHID Annual Hearing Preliminary Report
9. 2014 NHID Annual Hearing Final Report
10. 2014 NHID Annual Hearing Presentation
11. November 6, 2015 Agenda Annual Hearing on Premium Rates-draft
12. Supplemental Report Bulletin
13. New Hampshire Health Care Financing: Options and Recommendations-Report
14. Phase II report, New Hampshire Health Insurance Market Analysis, Wakely Consulting Group
15. NH HealthCost homepage
16. NHHealthCost outreach materials
17. NHHealthCost Power Point presentation
18. NH HealthCost prototype screens
19. NHHealthCost Facebook page
20. NH HealthCost.org draft quality data displays
21. Statewide Average Charge Report
22. NHHealthCost Market basket-lab results
23. Catalyst for Payment Reform Report Card on State Price Transparency Laws, July 2015
24. NHID Consolidated Specifications Enhanced HealthCost Site
25. New Hampshire Comprehensive Health Care Information System Annual Report 2015
26. NHCHIS Data Submission Manual-August 2015
27. NHID and DHHS DD MOU 9-8-2015