December 24, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244–1850

Submitted electronically to http://www.regulations.gov

Re: New Hampshire Insurance Department Comments on CMS-9980-P

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed regulations under the Patient Protection and Affordable Care Act: Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation, published in the Federal Register on November 26, 2012 ("proposed EHB Rule"). Established in 1851, the New Hampshire Insurance Department ("Department") was the first insurance regulatory agency in the United States. The Department is responsible for enforcing the state's insurance laws, including collection of premium taxes and fees and regulation of all insurance companies, agents and adjusters. The Department promotes and protects the public good by ensuring the existence of a safe and competitive insurance marketplace.

The Department is commenting primarily to correct inaccuracies in the proposed EHB Rule with respect to New Hampshire's selected base-benchmark plan. The New Hampshire joint legislative oversight committee selected the Matthew Thornton Blue plan as New Hampshire's base-benchmark plan, and conveyed this selection to the U.S. Department of Health and Human Services in a letter dated September 25, 2012. (See http://www.nh.gov/insurance/consumers/documents/ehb_ltr_9.25.12.pdf) However, the EHB benchmark listing for New Hampshire in Appendix A of the proposed EHB Rule was incorrect, conflating two separate plans (Matthew Thornton Blue and HMO Blue New England, both offered by Anthem BCBS). In addition, the plan details on the CCiIO website include services covered under the HMO Blue New England plan, but not covered under the state's selected base-benchmark plan, Matthew Thornton Blue. New Hampshire has now updated its benchmark details on HiOS, so the final rule should identify the covered services correctly.

The Department also wishes to comment briefly on the limited timeframes offered to states for supplementation of a base-benchmark plan that does not provide coverage for certain service categories. Because New Hampshire's EHB benchmark selection process involves a legislative
committee, it was not possible for the state to supplement the Matthew Thornton Blue plan with respect to pediatric vision and dental benefits, and the state will default to supplementation with the FEDVIP plans. Had there been time for the committee to consider the issue, New Hampshire might have preferred to use the state’s CHIP plan instead to supplement for these services.

With respect to habilitative services, Appendix A of the proposed EHB Rule states that no supplementation is necessary for New Hampshire as these services are covered by New Hampshire’s selected benchmark plan. The Department agrees with this conclusion; in our view, the Matthew Thornton Blue plan covers habilitative services. If, however, this conclusion is altered by the state’s correction of the benchmark details on HIOS, New Hampshire would like the opportunity to determine the services that will be included in the habilitative services category.

Finally, the Department supports the comments filed by the National Association of Insurance Commissioners regarding the proposed EHB Rule.

Very truly yours,

Roger A. Sevigny