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**Roger A. Seigny**  
Commissioner

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Deputy Commissioner

**BULLETIN**  
**Docket No.: INS-14-025-AB**

**TO:** All New Hampshire Licensed Health Carriers and Dental Insurers  
**FROM:** Roger A. Seigny  
Insurance Commissioner   
**DATE:** September 25, 2014  
**RE:** Transparency in Provider Network Directory and Formulary Information

**I. Introduction**

The purpose of this Bulletin is to detail the process issuers must follow in New Hampshire to comply with provider network directory access standards and formulary information requirements for 2015 QHP plan offerings.

In accordance with CMS regulations, §45 CFR 156.230, and New Hampshire law, RSA 420-J:7, issuers offering health insurance coverage on the federally-operated New Hampshire Health Insurance Marketplace in the group and individual markets are required to make their provider network directory available online and to provide potential enrollees with a hard copy upon request. Specifically, 45 CFR section 156.230(b) provides that a QHP issuer “must make its provider directory for a QHP available to the Exchange for publication online in accordance with guidance from the Exchange and to potential enrollees in hard copy upon request. In the provider directory, a QHP issuer must identify providers that are not accepting new patients.”

Similarly, issuers are required to make prescription drug formulary information available to consumers. Under federal regulations, for plans and issuers that use a formulary in providing prescription drug coverage, the Summary of Benefits and Coverage must include “an Internet address (or similar contact information) for obtaining information on prescription drug coverage.” 45 C.F.R. 147.200(a)(2)(i)(K). New Hampshire law also requires that formulary information be made available to prospective enrollees; see RSA 420-J:7-a.

**II. Online Provider Network Directory**

In order to provide transparency, a unique provider directory shall be posted online for each network offered by an issuer. The directory and all related areas of the issuer’s website must include clear instructions and be designed to enable a consumer to ascertain at the time of policy purchase whether a

particular provider is in the network. Each online provider directory must be operational throughout the individual market open enrollment period, must be current and must include a designation for providers that are not accepting new patients.

### **III. Printed Provider Network Directory**

Upon enrollee request issuers must send a printed copy of the provider network directory for the plan the enrollee requests. Issuers are prohibited from using the same printed provider directory for all plans. Each printed directory must also include a designation for providers that are not accepting new patients.

### **IV. Formulary Information**

In accordance with 420-J:7-b issuers must provide prescription drug information, including drugs and medications that are covered, and those not included in the drug formulary to prospective enrollees, and enrollees. As outlined in 420-J-7-b, the specific items that shall be included in the description provided to prospective enrollees and enrollees includes:

*“ (1) The procedure a covered person must follow to obtain drugs and medications that are subject to a plan list or plan formulary.*

*(2) A description of the drug formulary and the plan's exception process.*

*(3) A description of the extent to which a covered person will be reimbursed for the cost of a drug that is not on a plan list or formulary. “*

This bulletin does not preclude issuers from complying with all procedures and timelines outlines in 420-J-7-b.

### **IV. Contact Information**

Any questions related to this bulletin should be directed to Michael Wilkey, Director of Compliance and Consumer Services at the New Hampshire Insurance Department, at [michael.wilkey@ins.nh.gov](mailto:michael.wilkey@ins.nh.gov) or (603) 271-261 ext. 330.