



**THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14
CONCORD, NEW HAMPSHIRE 03301

Roger A. Seigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

BULLETIN
Docket No.: INS 16-004-AB

To: All New Hampshire Licensed Health Carriers and Dental Insurers

FROM: Roger A. Seigny
Insurance Commissioner

A handwritten signature in black ink, appearing to be "RAS", positioned to the right of the "FROM:" field.

DATE: January 19, 2016

Re: New Hampshire Qualified Health Plan Bulletin to Issuers Planning to offer Coverage on the NH Health Insurance Marketplace – 2017 Plan Year

This Bulletin is intended to provide information to health carriers and dental insurers as the Department continues to execute Plan Management functions for coverage offered through the New Hampshire Health Insurance Marketplace in the 2017 plan year.

New Hampshire will continue to participate in the Federally Facilitated Marketplace under a Plan Management Partnership for plan year 2017.

The Department maintains the following Plan Management regulatory functions under the Partnership model:

- Licensure and solvency regulation;
- Rate and form review (including standards for essential health benefits, meaningful difference, all other benefit design standards, and actuarial value);
- Network adequacy (including essential community providers);
- Market conduct oversight (including marketing practice and unfair trade practices generally);
- Accreditation; and
- Quality rating (including quality improvement and enrollee satisfaction).

Carriers interested in offering plans on the New Hampshire Marketplace in 2017 are asked to submit a Letter of Intent to the New Hampshire Insurance Department by email to Alain Couture at alain.couture@ins.nh.gov and include in the subject line: "Letter of Intent – NH Marketplace." Carriers are asked to use the template provided at the end of this bulletin and to submit their responses no later than February 8, 2016. The content of the Letters of Intent will be confidential and used for Marketplace QHP Certification planning purposes only.

While we encourage all carriers interested in applying for QHP certification to submit a Letter of Intent, failure to do so will not preclude a carrier from applying through the formal process. The Insurance Department will subsequently set up a meeting with intended insurers to begin to address pre-filing issues, with later meetings

geared towards discussing requirements for 2017 QHP Plan Management review, including any health carrier requirements associated with the NH Health Protection Program's Premium Assistance Program ("PAP"). All carriers with questions about marketplace participation or about any ACA related issues are invited to submit those questions in writing by email as soon as practicable to Michael Wilkey, Director of Compliance and Consumer Services, at michael.wilkey@ins.nh.gov and note in the submit line: "Questions – NH Health Insurance Marketplace." The Department will use these questions to create a Frequently Asked Questions release that will be posted on the Department's website. Michael Wilkey can also be reached at: (603)271-7973 Ext. 330.

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Information to be included in issuer Letter of Intent regarding participation in the New Hampshire Exchange Marketplace:

1. Issuer Contact Information:
 - a. Formal Company name:
 - b. Physical and mailing address:
 - c. Company's telephone phone number
 - d. Company's email address:
2. Contact person authorized by the company to act on its behalf regarding the New Hampshire Exchange Marketplace
 - a. Contact Person's Name:
 - b. Contact Person's Title:
 - c. Contact Person's address:
 - d. Contract Person's telephone number:
 - e. Contact Person's email address:
3. Does the Issuer currently hold a certificate of authority or is the Issuer currently licensed to write health insurance in New Hampshire? If no, please indicate the date the Issuer intends to apply for a certificate of authority/license.
4. Identify the market in which the Issuer intends to participate:
 - a. Individual Exchange
 - b. SHOP Exchange
 - c. Both.
5. Please indicate the anticipated number of distinct health plans the Issuer will submit for each of the following metal levels:
 - a. Bronze
 - b. Silver
 - c. Gold
 - d. Platinum
 - e. Catastrophic
 - f. Stand-alone Pediatric Dental.