



# The State of New Hampshire Insurance Department

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Roger A. Sevigny  
Commissioner

Alexander K. Feldvebel  
Deputy Commissioner

## BULLETIN Docket No.: INS 14-004-AB

**TO:** All New Hampshire Licensed Health Carriers and Dental Insurers

**FROM:** Roger A. Sevigny

Insurance Commissioner

A handwritten signature in black ink, appearing to read "RAS", is positioned to the right of the text "Insurance Commissioner".

**DATE:** January 30, 2014

**RE:** New Hampshire Qualified Health Plan Bulletin to Issuers Planning to Offer Insurance on the NH Health Insurance Marketplace – 2015 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 2015 plan year.

New Hampshire will continue to participate in the Federally Facilitated Marketplace under a Plan Management Partnership for plan year 2015. On January 22, 2014, New Hampshire was awarded a grant to support the costs of the Plan Management function. An RFP has been issued and the Department will seek approval through both the Fiscal Committee of the General Court and the Governor and Council.

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 practices 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 are asked to submit a Letter of Intent to the New Hampshire Insurance Department by email to Alain Couture, Health Reform Coordinator, at [Alain.Couture@ins.nh.gov](mailto:Alain.Couture@ins.nh.gov) and include in the subject line: “Letter of Intent – NH Marketplace”, indicating their intent to apply for Qualified Health Plan (QHP) certification in the New Hampshire Health Insurance Marketplace. Carriers are asked to use the template provided at the end of this bulletin and to submit their responses no later than March 3, 2014. 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 issuers to begin to address pre-filing issues, with later meetings geared towards discussing policy or departmental requirements for 2015 QHP certification.

Actual form and rate filings for QHP certification are required to be submitted through SERFF no later than May 1, 2014, with an anticipated CCIIO requirement for recommendations for certification to be submitted to CMS no later than July 31, 2015. QHP filings for the NH Health Insurance Marketplace will be prioritized and examined on a first received basis.

All carriers with questions about marketplace participation or about any ACA-related issue are invited to submit those questions in writing by email as soon as practicable to Alain Couture, Health Reform Coordinator, at [Alain.Couture@ins.nh.gov](mailto:Alain.Couture@ins.nh.gov) and include in the subject 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 web site.

Questions on filing requirements and timelines should be directed to Sonja Barker, Compliance Administrator, at [Sonja.Barker@ins.nh.gov](mailto:Sonja.Barker@ins.nh.gov) or by phone at (603) 271-2261, Ext. 201.

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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, physical and mailing addresses, company phone, email,
  - b. Person authorized by the company to act on its behalf regarding the New Hampshire Exchange Marketplace (name, title, location, phone, email), and
  - c. Back-up contact name, title, phone and email.
2. Does the Issuer intend to participate/offer plans in:
  - a. Individual Exchange
  - b. SHOP Exchange
  - c. Both.
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. Please indicate the anticipated number of distinct health plans the Issuer will submit for each of the following metal levels: Bronze, Silver, Gold, Platinum, Catastrophic, Stand-alone Pediatric Dental, and Stand-alone Pediatric Vision.
5. Does the Issuer currently have health insurance products that are accredited by URAC and/or NCQA? If so, please provide a list of each product and which accrediting agency has certified it.
6. Does the Issuer intend to submit plans that include Pediatric Dental and/or Vision coverage?
7. Indicate when the Issuer intends to apply for a HIOS ID through the federal system.