



The State of New Hampshire Insurance Department

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Frequently Asked Questions- HealthFirst

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Question: If a carrier offers the HealthFirst product to a employer group, is it also required to offer all of its other small group products to that same group.

Answer: No. The HealthFirst product is a unique product that imposes additional operational and administrative burdens on a carrier. For this reason, a carrier may advise an employer that if the employer chooses to offer the HealthFirst product, the carrier will not make its other small group products available to that group. A carrier may not refuse to offer the HealthFirst product when an employer elects to offer another carrier's product in conjunction with the HealthFirst product provided that the minimum requirements set forth in RSA 420-G:9 are met.

Question: The HealthFirst product must cover routine care for chronic illnesses. What chronic illnesses are included in this requirement?

Answer: It is the responsibility of the carrier to define the term "chronic illness" in the policy. The definition must comply with New Hampshire insurance law.

Question: Is the carrier required to administer the HealthFirst product on a calendar year basis or a contract year basis?

Answer: The carrier may administer the HealthFirst product on either a calendar year or a contract year basis. The carrier shall administer the HealthFirst product in the same manner as it administers other, comparable products. Thus, if a carrier administers its products on a calendar year basis, it may also administer the HealthFirst product on a calendar year basis. It may not administer the HealthFirst product on a calendar year basis, if it administers its other products on a contract year basis.

Question: Do all co-payments made under the HealthFirst plan accumulate to the out of pocket maximum?

Answer: Yes.

Question: Is the carrier required to reach out to the member with regard to the member's participation in a health management program?

Answer: Yes.

Question: Can the carrier differentiate in the pricing mail order drugs by reducing the number of co-pays for a 3 month refill from 3 to 2?

Answer: Yes.

Question: Who is entitled to receive the \$200.00 incentive payment in a family policy?

Answer: There is a maximum of two incentive payments per policy. The employee and spouse may receive incentive payments in a policy that provides family coverage. If the employee does not have a spouse, only one payment must be made.

Question: When will the department provide the annual hospital tiering?

Answer: The department will provide the annual hospital tiering by December 1st of each year. A carrier electing to use different tiering shall submit a request for approval as soon thereafter as possible.

Question: What happens in year 4 if an employer has the HealthFirst plan and stays with a carrier for three years and then switches carriers?

Answer: The benefits for that employer group are based on year 2, not year 1 benefits. At the time of enrollment, the carrier that previously had provided coverage shall provide information to the new carrier that will allow the new carrier to determine which employees in the group qualify for year 2 benefits.

Question: Must the membership cards contain a HealthFirst logo?

Answer: No.

Question: Must the HealthFirst name appear on the policy and the membership documents?

Answer: Yes.

Question: How is compliance determined under the policy with the care coordination requirement or wellness incentives?

Answer: The carriers shall develop their own procedures as part of the benefit design to determine compliance under the policy.

Question: May HealthFirst be offered on a full replacement only basis?

Answer: No. The issue requirements that apply to all health coverage in New Hampshire apply to the HealthFirst product. It may be offered as a dual offering provided that participation requirements are met.

Question: May the producer/broker fee associated with the HealthFirst product be reduced from what is paid on other comparable products?

Answer: No.