



## The State of New Hampshire Insurance Department

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### Frequently Asked Questions- HealthFirst

April 8, 2009

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 HealthFirst product is designed to be administered on a contract year basis. If a carrier elects to administer the product on a calendar year basis, it shall specify in the certificate how the product will be administered and shall obtain approval from the department prior to administering the product on a calendar 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 1<sup>st</sup> 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.