

# Health Insurance Marketplace Plan Management

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## 2015 QHP Application Process

March 18, 2014  
9:00AM – 12:00PM

**Location:**

New Hampshire Insurance Department  
Second Floor Conference Room  
21 South Fruit Street  
Concord, NH 03301

**WebEx:**

<https://pcgus.webex.com/pcgus/j.php?MTID=m3cfefb3861566b982b9a64abab80e484>

**Password:** nhid

**Phone:** 1-877-668-4493

**Access code:** 762 024 336

**In order to receive any follow-up documents, please send a list of attendees and their email addresses to Marlene Sawicki at [Marlene.Sawicki@ins.nh.gov](mailto:Marlene.Sawicki@ins.nh.gov)**

## Agenda (Contents)

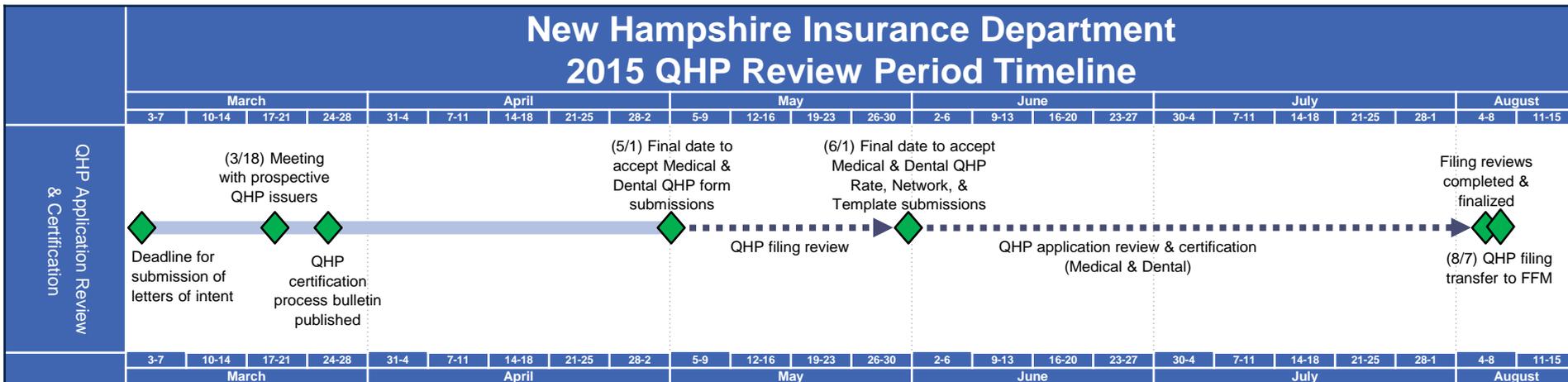
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# Part 1: Policy Discussion

## QHP Review Timeline



### Key Dates

- **May 1:** Final date to submit forms
- **May 27-June 27:** QHP Apps due to CMS
- **June 1:** Final date to submit rates and templates
- **August 1:** NHID to have completed all QHP reviews
- **August 7:** Approved QHP applications transferred to FFM
- **November 15-February 15:** Open enrollment period

## QHP Certification

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The Department understands for many attendees this may be the first time going through the QHP Certification process. As such, the Department is working on guidance and tools to assist issuers during the QHP submission and review process.

### **Tools/Guidance include:**

- 2015 NHID Issuer Bulletin;
  - Tentatively scheduled to be released prior to the end of the month
  - Subject to approval by Health Oversight Committee, likely meeting within the next two weeks
- Non-Exhaustive List of Applicable Federal/State Certification Standards;
- Network Adequacy Package;
- SERFF Filing Instructions;
- QHP Filing Checklists (Individual, Small Group Medical Plans & Individual/Small Group Stand-Alone Dental Plans)

**Note: The Department will schedule more meetings with issuers on a one on one or group basis as we move through the certification process.**

## Network Adequacy

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NHID will prospectively review adequacy of issuer networks for 2015 plan year based on distance measures from providers.

The State will determine network adequacy through receipt of a Network Adequacy Package, created with the goals of:

- 1 Providing, on a prospective basis, a measure of accessibility offered by issuer networks;
- 2 Increasing transparency of network data as it relates to service areas and key provider types; and
- 3 Maintaining consistency of provider network data.

This package is a State requirement, any remaining federal requirements put in place through new or existing guidance will be considered in addition to the State's review.

# Network Adequacy Package

## Network Adequacy Package to include 3 documents

3. Network Adequacy Summary Page

2. Network Data Template (Excel)

1. Network Adequacy Attestations



Health Insurance Marketplace

Network Adequacy  
Application Package

### 1 Network Adequacy Attestations

- Network Attestations
- Proposed service area (Counties)
- List key provider types:
  - Hospitals
  - ECPs
  - Inpatient/Outpatient Mental Health

### 2 Network Data Template (Excel)

- Standardized format for issuers to input current provider networks
- Additional data fields requested in document:
  - Hospital Admitting Privileges
  - Accepting New Patients
  - Essential Community Provider (and Type)

### 3 Network Adequacy Cover Page

- Provider distance measurement results summary
- Allowable distance measures vary according to provider type

All documents to be made available on  
the NHID website after this meeting

# Network Adequacy Package

## 1 Network Adequacy Attestations

Issuer attests that:

- Network is “sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay” (based on federal attestation)
- Network data submitted represents signed contracts in place
- Identify the counties covered in the proposed service area
- Lists the key provider types—for each county, issuer lists:
  - Hospitals
  - ECPs
  - In/Outpatient Mental Health

**New Hampshire Insurance Department  
Network Adequacy Attestation Document**

**Instructions:**  
Review the attestations below and respond **Yes** or **No** to each of the attestations below and sign the Network Adequacy Attestation Document. The NHID may accept a **No** response, along with a justification for any of these **No** responses, to any of the individual attestations, provided that the issuer references the specific attestation in your justification discussion and provides a reasonable explanation for this response as determined by the NHID. If the applicant is submitting the signed attestation document indicating **Yes** to all attestations into SERFF, this Detailed Attestation Response document is not required.

**Network Attestations**

1. Applicant attests that it will maintain a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay. This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans.
2. Applicant attests that it is seeking QHP certification in a state determined to have sufficient and applicable network access standards, and that it has met all applicable State network adequacy standards.
3. Applicant attests that network data provided is representative of signed contracts in place, and that all data submitted is accurate and current as of the date of filing.

**Proposed Service Area Attestations**

4. Applicant is applying to offer a Qualified Health Plan with a service area encompassing the following counties (Check all that apply):

<input type="checkbox"/> Belknap County	<input type="checkbox"/> Hillsborough County
<input type="checkbox"/> Carroll County	<input type="checkbox"/> Merrimack County
<input type="checkbox"/> Cheshire County	<input type="checkbox"/> Rockingham County
<input type="checkbox"/> Coos County	<input type="checkbox"/> Strafford County
<input type="checkbox"/> Grafton County	<input type="checkbox"/> Sullivan County

**Key Provider Types**

5. Applicant attests that the proposed network includes each of the providers named in the counties as stated in the Key Provider Contracts Form.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Title/Position \_\_\_\_\_

# Network Adequacy Package

## 2 Network Data Template

- Standardized excel-based template for listing issuer provider networks
- Key data fields
  - Hospital admitting privileges;
  - Admitting new patients;
  - Essential community providers

	A	B	C	D	E	F	G	H
1	Updated 3/12/2013 New Hampshire Insurance Department			<b>Instructions:</b> Complete the fields below to detail the Provider Networks you are submitting for approval in this filing. If needed, use the instructions contained within the New Hampshire Network Adequacy Package as a guide on how to use this form.				
2	<b>New Hampshire Insurance Department</b>							
3	New Hampshire Network Data Template (Provider Network Data)							
4								
5	HIOS Issuer ID							
6	Company Legal Name							
7								
8	<b>Service Area Name</b> <b>Required:</b> Enter the Service Area Identification as delineated from the SERFF Service Area Template	<b>Network ID</b> <b>Required:</b> Enter the Network Identification as delineated from the SERFF Network Template	<b>Network Provider ID Number (NPI)</b> Enter the 10 digit NPI Number (if available) as found at: <a href="http://www.npnumberlookup.org/">http://www.npnumberlookup.org/</a>	<b>Provider Name</b> <b>Required:</b> Enter the last and first name (in that order) of each contracted physician provider. If the provider is not a physician, enter the name of the hospital, facility, pharmacy, etc.	<b>Provider Type</b> <b>Required:</b> Select the Provider Type from the given list	<b>Provider Sub-specialty</b> <b>Required:</b> Select the Provider Sub-Specialty from the given list, if applicable.	<b>Address 1</b> <b>Required:</b> Enter the office address of the provider	<b>Address 2</b> <b>Required If:</b> Enter the additional address information, if necessary
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# Network Adequacy Package

## 3 Network Adequacy Summary Page

- Issuer attests that the network meets geographic access standards
- Access standards based on distance from provider, reflective of standards found in INS 2701 Network Adequacy
- Issuers must provide an access summary page for each county included in the proposed service area
- Process for determining adequacy found in following slides

In addition to these statements of compliance, issuers must provide documentation of compliance with these standards

New Hampshire Insurance Department  
 Network Adequacy Summary Page  
 [County Name]

In submittal of this document to the New Hampshire Insurance Department, the issuer affirms that all responses to the geographic access standards are accurate based on the methodology prescribed by the NHID. A response of **Yes** indicates that 90 percent or more of the enrolled population (or proxy population) within the county has geographic access to coverage based on the applicable standards for that provider type.

Any responses of **No** require justification from the issuer to the NHID. The NHID will consider these justifications in its final decision of whether to allow a QHP issuer to market its product in the noncompliant county.

Please attach any supporting documentation used to obtain the compliance determination to this form.

Number	Type	Standard	Standard Met?
2	Open panel primary care providers	35 miles	Yes/No
1	Pharmacy	35 miles	
1	Outpatient mental health services	25 miles	
1 (each)	Licensed medical specialists:	45 miles	
	a. Allergists;		
	b. Cardiologists;		
	c. General surgeons;		
	d. Neurologists;		
	e. Obstetrician/gynecologists;		
	f. Oncologists;		
	g. Ophthalmologists;		
	h. Orthopedists;		
	i. Otolaryngologists;		
	j. Psychiatrists; and		
	k. Urologists.		
1	General medical-surgical (Internal, GP)	45 miles	
1	Pediatric services	45 miles	
1	OBGYN	45 miles	
1	Critical care services associated with acute care hospital services	45 miles	
1	Laboratory services	45 miles	
1	Diagnostic services	45 miles	
1	General inpatient psychiatric	45 miles	
1	Emergency mental health provider	45 miles	
1	Short term care facility for involuntary psychiatric admissions	45 miles	
1	Short term care facility for substance abuse treatment	45 miles	
1	Short term care facility for inpatient medical rehab services	45 miles	
1	Diagnostic cardiac catheterization	80 miles	
1	Major trauma treatment	80 miles	
1	Neonatal intensive care	80 miles	
1	Open-heart surgery services	80 miles	

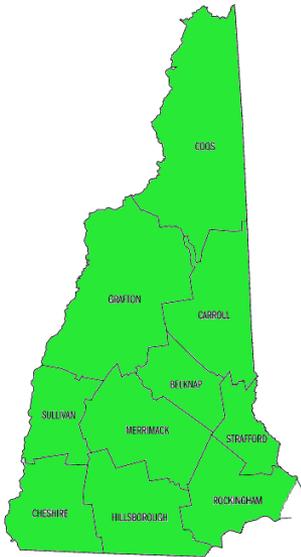
Note 3/18/14: For issuers offering dental coverage (including stand-alone dental plans), access to coverage will be deemed adequate in cases where the issuer offers two open-panel general practice dental providers for each county within the proposed service area.

# Network Adequacy Package - Summary Page Methodology

NHID will prospectively review adequacy of issuer networks for 2015 plan year based on distance measures from providers. Three scenarios exist for issuers proposing a network:

1

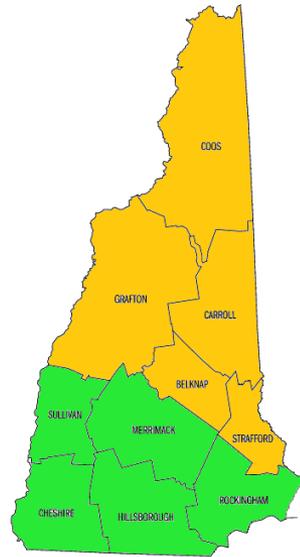
Issuer submits network and has existing QHP membership within the entire proposed service area.



Issuer may use existing QHP enrollment data as population sample

2

Issuer submits network and has existing QHP membership within the state, but not in the entire proposed service area.



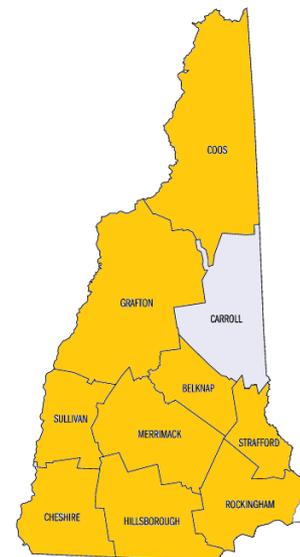
Current

Proposed

Issuer must use proxy population as enrollment data. Proxy population: Under 65 population by Zip code (data set to be hosted on NHID web site)

3

Issuer submits network without any existing QHP membership within proposed service areas.

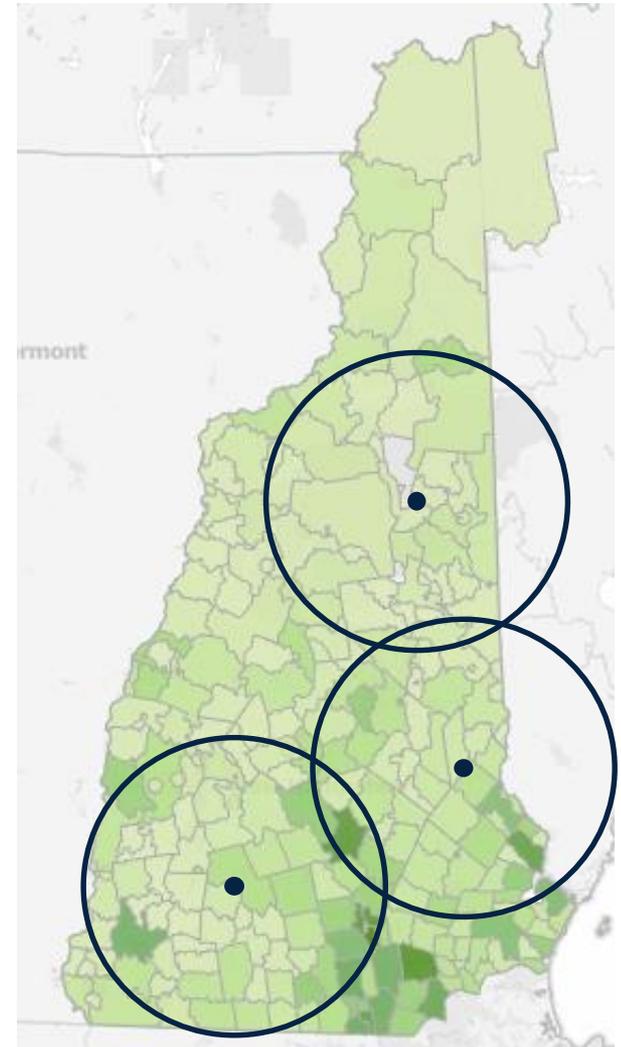


## Network Adequacy - Distance Measurement Process

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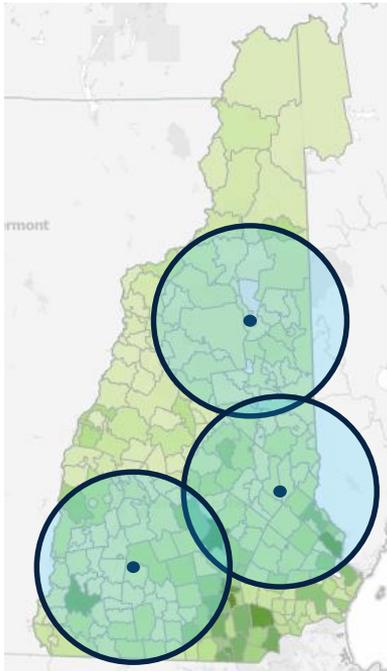
Issuers will be responsible for performing time and distance measures and reporting results to the NHID through Network Adequacy Summary Page

- 1 Provider location (s) mapped across the State
- 2 Radius drawn around provider location to cover applicable distance standard (e.g. 45 miles for general surgeons)
- 3 Under-65 population of all areas within radius meet are added to the county's "covered" population
- 4 Covered population compared against the full under-65 population for the county
- 5 Network adequacy standard is met for that provider type if over 90 percent of the county population is covered



## Network Adequacy - Distance Measurement Process Example

The summary page requires both a statement of compliance with these standards and documentation of this compliance.



Zip	Pop.	County	Covered
03218	960	Belknap	Yes
03220	7,430	Belknap	Yes
03225	3,660	Belknap	Yes
03226	1,117	Belknap	Yes
03237	2,254	Belknap	Yes
03246	15,963	Belknap	Yes
03249	7,113	Belknap	Yes
03253	6,219	Belknap	Yes
03256	2,169	Belknap	Yes
03269	2,966	Belknap	Yes
03276	8,324	Belknap	Yes
03809	3,716	Belknap	Yes
03810	1,538	Belknap	No
03837	1,519	Belknap	No

Numerator = Under 65 Population of covered zip codes within county

$$\frac{61,891}{63,429} = 95.3\%$$

Denominator = Total under 65 population of all zip codes within county

If 90 percent or more of a county's under-65 population lies within the distance standards, the issuer meets network adequacy for that county and may market its plan.

If the covered population is less than 90 percent, the issuer must either expand its network or reduce the proposed service area to exclude counties in which the threshold is not met.

## Essential Community Provider Standards

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Final 2015 Letter to Issuers proposes rule changes for Network Adequacy with respect to Essential Community Providers (ECP)



In order to satisfy the requirements set out in 45 C.F.R 156.235, Issuers must:

- Contract with at least 30 percent of ECPs available within each plan's service area.<sup>1</sup>
- Offer contracts in good faith<sup>2</sup> to:
  - All Indian health providers in the service area; and
  - At least one ECP in each ECP category in each county in the service area.

### ECP Categories

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Federally Qualified Health Centers  
Ryan White Providers  
Hospitals

Family Planning Providers  
Indian Health Providers  
Other ECP Providers

<sup>1</sup>A non-exhaustive list which may be used to calculate the satisfaction of the 30 percent ECP standard can be found at <http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/qhp.html>

<sup>2</sup>Definition of "good faith" and allowable justifications found on pages 20-21 of <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf>

# Meaningful Difference

## 2014

### Review Standards



## 2015

### Review Standards<sup>1</sup>

A plan is considered meaningfully different from another plan in the same service area and metal tier (including catastrophic plans) if a reasonable consumer would be able to identify **one** or more material differences among the following characteristics between the plans:



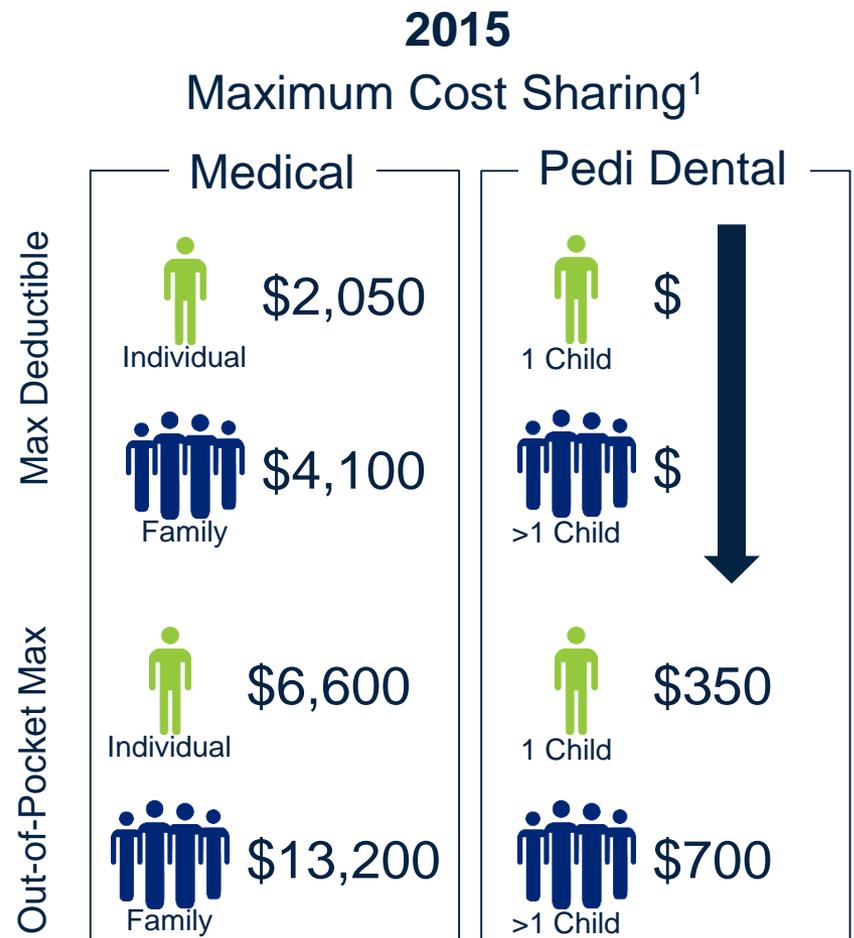
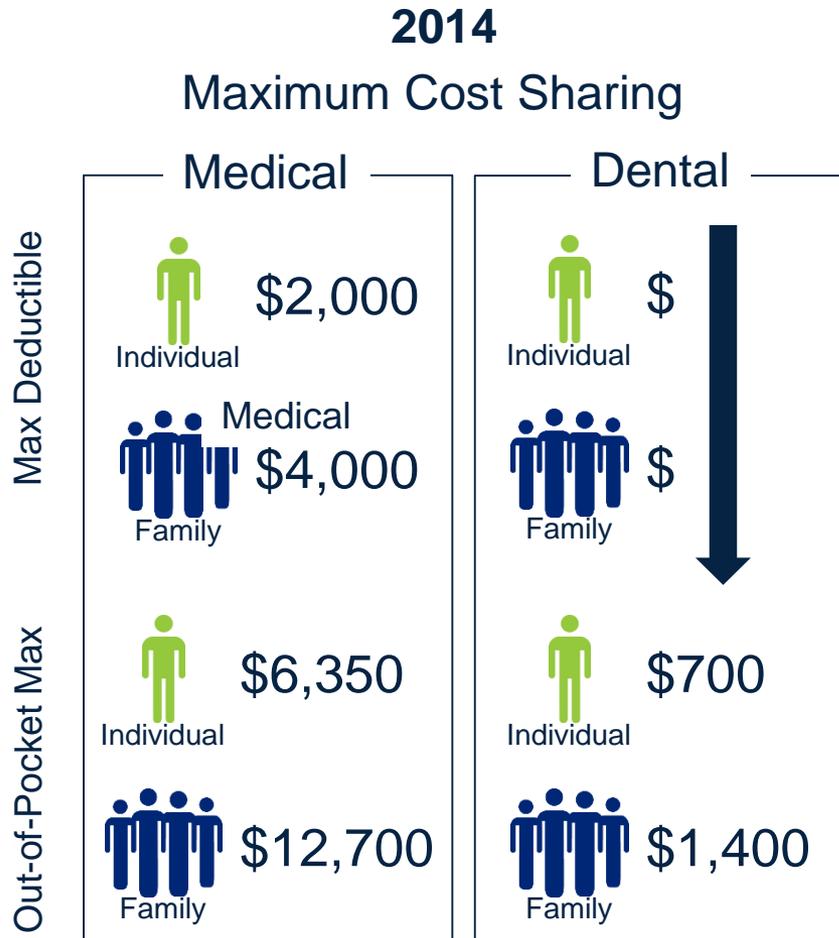
- Cost Sharing
- Provider Network
- Covered Benefits
- Plan Type (HMO, PPO)



- HSA Eligibility
- Self/Non-Self/Family Offering

<sup>1</sup>Final Rule: Notice of Benefit and Payment Parameters for 2015 <http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>

# Cost Sharing



Pharmacy cost sharing (OOPM) must be aggregated with medical cost sharing accumulations for plan year 2015.

## Rate Filing Requirements

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### Rate Review Considerations for 2015 Plan Year

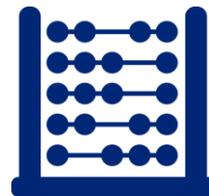
#### Changes in rates between plan years<sup>1</sup>:

- Issuers seeking rate increases greater than or equal to 10% must publicly disclose and provide justification for proposed increases;
- States will determine whether these increases are reasonable.

#### Same rates for On- and Off-Marketplace<sup>2</sup>:

- A QHP issuer must charge the same premium rate without regard to whether the plan is offered through an Exchange, or whether the plan is offered directly from the issuer or through an agent.

Additional Resource: Notice of Benefit and Payment Parameters Final Rule<sup>3</sup>



<sup>1</sup>Final Rule: Rate Insurance Disclosure and Review <http://www.gpo.gov/fdsys/pkg/FR-2011-05-23/pdf/2011-12631.pdf>

<sup>2</sup>[http://www.ecfr.gov/cgi-](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=162e6716ea28bf56fdbd02636800d296&ty=HTML&h=L&r=PART&n=45y1.0.1.2.71#45:1.0.1.2.71.3.27.10)

[bin/retrieveECFR?gp=1&SID=162e6716ea28bf56fdbd02636800d296&ty=HTML&h=L&r=PART&n=45y1.0.1.2.71#45:1.0.1.2.71.3.27.10](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=162e6716ea28bf56fdbd02636800d296&ty=HTML&h=L&r=PART&n=45y1.0.1.2.71#45:1.0.1.2.71.3.27.10)

<sup>3</sup>Final Rule: Notice of Benefit and Payment Parameters for 2015 <http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>

## Stand-Alone Dental

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All Stand-Alone Dental Plan (SADP) issuers are bound by the same timeline as QHP issuers, included on Slide 3

SADPs shall be filed using the SERFF system, and additional guidance regarding SADP filings can be found in the following documents:

- 2015 Letter to Issuers in the Federally-Facilitated Marketplace;
- NHID 2015 Issuer Bulletin; and
- SADP Small Group and Individual Filing Checklists

More information about the changes to SADP, including SHOP requirements and links to applicable regulations, are found in slide 19.



## Small Business Health Options (SHOP) Marketplace

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What is the latest information on the SHOP?

- Reference the Final 2015 Letter to Issuers in the Federally-Facilitated Marketplace, specifically Chapter 5, pgs. 37-42  
<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf>
- The following link organizes all SHOP regulations, including all recently filed proposed regulations relating to SHOP functions, and should serve as a resource to carriers  
<http://www.ecfr.gov/cgi-bin/text-idx?SID=5ad9efecf3ee32555500a7adb3282420&node=45:1.0.1.2.70.8&rqn=div6>
- Note 3/18/14: Additional resource for the SHOP released 3/17  
[https://www.regtap.info/uploads/library/SHOP\\_Slides\\_031114\\_5CR\\_031714.pdf](https://www.regtap.info/uploads/library/SHOP_Slides_031114_5CR_031714.pdf)

## Small Business Health Options (SHOP) Marketplace

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- Timeline: All SHOP plans shall be filed in accordance with the 2015 QHP Review Period Timelines, included on Slide [ 3 ]
  
- Notable Changes for Plan Year 2015:
  - For plan years beginning on or after January 1, 2015, FF-SHOP employers will provide employees with the choice of all plans at a metal level or a single QHP.
  
  - Employers will also have the option of offering all Stand-Alone Dental Plans within a metal level, or one Stand-Alone Dental Plan to employees.
  
  - Relying on premium aggregation services, employers will receive and pay one bill; information for issuers on premium payment, reconciliation and the associated timelines are included in the 2015 Benefit & Payment Parameter regulation<sup>2</sup>

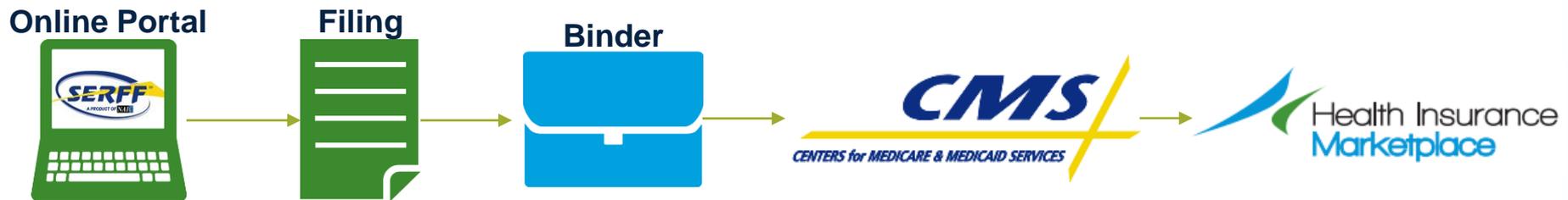
# Part 2: SERFF and Filing Submittal

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QHP filings to be submitted through the NAIC System for Electronic Rate and Form Filing (SERFF)



Process from SERFF to plan visibility on the Marketplace:



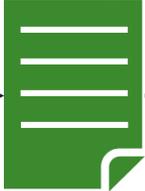
## QHP Filing Submission - SERFF

**SERFF**

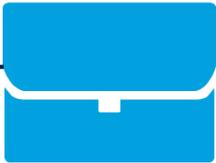
Online Portal



Filing



Binder



**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

Health Insurance  
Marketplace

- QHP filings to be submitted through the System for Electronic Rate and Form Filing (SERFF)
- SERFF components include Filings and Binders

### Online Portal

- With release of v6.0, SERFF Plan Management functionality has been introduced for Qualified Health Plan (QHP) submissions
- Issuers must have valid SERFF ID and adequate access to submit Form/Rate filings to NHID
- SERFF Plan Management Industry Manual found at <https://login.serff.com/Appendix%20II.pdf>
- NHID has “retaliatory” fee requirements, meaning that issuer’s state of domicile determines whether the issuer submits a filing fee



# QHP Filing Submission - SERFF

## SERFF

Online Portal



Filing



Binder



## Filing

- Filings are submitted through SERFF
- Instructions to create a filing:  
<https://login.serff.com/Complete%20Industry%20Manual.pdf>
- Filings must be submitted as a “Form/Rate” Filing type

## Components of a Form/Rate Filing

Forms



### Form Schedule Documents

- Policy
- Certificate
- ID Cards
- Schedule of Benefits
- Outline of Coverage
- Application Form (Off-FFE Only)
- Enrollment Form (Off-FFE Only)

### Supporting Documentation

- Compliance Certification
- (Applicable) NHID Filing Checklist
- Certificate of Readability
- Consumer Disclosure Form (New)
- Online Formulary

Rates



### Supporting Documentation

- Rate Submissions
- Actuarial Memorandum
- Actuarial Value Calculator

Forms Due: May 1, 2014  
Rates Due: June 1, 2014

# QHP Filing Submission - SERFF

## SERFF

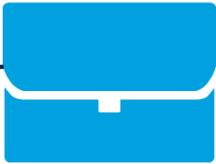
Online Portal



Filing



Binder



## Binder

- Binder contain specific QHP content and hyperlinks data from filings
- Instructions on binders:  
<https://login.serff.com/Appendix%20II.pdf>

## Components of a QHP Binder

### Associate Schedule Items

- Issuer links documents from form/rate filing
- Forms queried from filings by the SERFF tracking number
- Forms assigned to specific plans within the binder

### QHP Templates\*

- Administrative Data
- Plan and Benefits
- Prescription Drug
- Network
- Service Area
- Essential Community Providers
- Rate Data
- Rating Business Rules

### Supporting Documentation

- Network Adequacy Package
- Compliance Plan/Org Chart
- Program Attestations
- Unified Rate Review Template
- Actuarial Memorandum
- Accreditation
- Licensure
- Cert. of Good Standing

Templates Due: June 1, 2014

Binders Transferred to FFM: August 7, 2014

\*Changes to templates are expected, additional updates expected mid-April

## Helpful Filing Tips

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### State licensure:

- Issuer licenses are renewed on June 15 of each year-currently during the QHP review period. In order to receive a recommendation for certification, the issuer must re-apply for a license in the State for the next year and provide proof of this application to the Department.
- State license must be provided for the correct company for the filing (HMO product must have HMO license, etc.)

### NHID Filing Check Lists

- SADP – Individual and SHOP
- Medical – Individual and SHOP
- Issuers must submit the applicable check list with filings, these check lists are currently under review, with updated versions expected to be posted by March 31 to <http://www.nh.gov/insurance/lah/>

### SERFF, QHP Templates, Supporting Documentation

- In SERFF, select the applicable Type of Insurance (TOI) to the plans submitted (HMO, PPO, POS);
- When associating schedule items in SERFF, the Standard Component ID must be entered exactly as generated by HIOS;
- Both On- and Certified Off-Exchange plans must contain a binder and be submitted through SERFF;
- Plan and Benefits, Prescription Drug, Rates & Unified Rate Review templates/supporting documents must be submitted in .xls format.
- HMO Advertisements must be submitted for approval within its own SERFF filing (Filing Type: Advertisement)

### Summaries of Benefits and Coverage

- Issuers offering group or individual health insurance coverage must compile and provide a Summary of Benefits and Coverage (SBC) that accurately describes the benefits and coverage under the applicable plan or coverage.
- While not required to submit separate SBCs to reflect cost-sharing variations for each plan variation, QHP issuers shall create an SBC that represents the base plan and issuers may not combine information about multiple plan variations in one SBC. Issuers are encouraged to create separate SBC's for each plan variation.

## New Hampshire Insurance Department Contacts

<b>NHID Division</b>	<b>Contact</b>	<b>Email</b>
<b>Executive Office</b>	Roger Sevigny	<a href="mailto:Roger.Sevigny@ins.nh.gov">Roger.Sevigny@ins.nh.gov</a>
<b>Executive Office</b>	Alexander Feldvebel	<a href="mailto:Alexander.Feldvebel@ins.nh.gov">Alexander.Feldvebel@ins.nh.gov</a>
<b>Operations/Health Reform</b>	Alain Couture	<a href="mailto:Alain.Couture@ins.nh.gov">Alain.Couture@ins.nh.gov</a>
<b>Legal &amp; Enforcement</b>	Jennifer Patterson	<a href="mailto:Jennifer.Patterson@ins.nh.gov">Jennifer.Patterson@ins.nh.gov</a>
<b>Compliance</b>	Michael Wilkey	<a href="mailto:Michael.Wilkey@ins.nh.gov">Michael.Wilkey@ins.nh.gov</a>
<b>Compliance</b>	Sonja Barker	<a href="mailto:Sonja.Barker@ins.nh.gov">Sonja.Barker@ins.nh.gov</a>
<b>Compliance</b>	Diana Lavoie	<a href="mailto:Diana.Lavoie@ins.nh.gov">Diana.Lavoie@ins.nh.gov</a>
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## Additional Resources

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The NHID will post this presentation and additional related documentation to its website under Federal Health Reform:

<http://www.nh.gov/insurance/consumers/fedhealthref.htm>

We encourage interested parties to regularly to check the Department website for additional guidance and bulletins.