

February 15, 2013

3.14 - Pre-Existing Conditions Insurance Plan (PCIP) Transition Plan – The Exchange will follow procedures established in accordance with 45 CFR 152.45 related to the PCIP transition.

Evidence should include and/or address the transition plan for State-based PCIP programs. The New Hampshire Insurance Department, with the Legislature and CMS, is reviewing various alternatives for PCIP and State High Risk Pool enrollees that consider legal requirements, transitional issues for individual enrollees both in and out of the Pools, and the impact on insurance markets. Notice to affected enrollees will be provided by NH Individual Health Benefit Association, through their TPA, BMI, Inc. of Kansas.

HB 526, currently pending in the NH legislature, would (as worded under proposed amendment 2013-0349h, offered February 14, 2013) amend NH RSA 404-G to establish procedures and parameters for phasing out New Hampshire’s PCIP program, as well as the state high risk pool and other state risk sharing programs.

4.1 - Appropriate Authority to Perform and Oversee Certification of QHPs – The Exchange has the appropriate authority to perform the certification of QHPs and to oversee QHP issuers consistent with 45 CFR 155.1010(a).

The New Hampshire Insurance Commissioner “is charged with the rights, powers, and duties pertaining to the enforcement and execution of the insurance laws” of New Hampshire. NH RSA 400-A:3. The Commissioner has general rulemaking and enforcement authority with respect to regulation of the business of insurance in New Hampshire. NH RSA 400-A:15 and 16. Under current New Hampshire law, the Insurance Department regulates health insurance carrier licensing (NH RSA chapter 420-A and NH RSA chapter 420-B) and solvency (NH RSA 400-A:36-37), reviews health insurance policy forms, rates, and benefit design (NH RSA chapter 415, NH RSA chapter 420-G), monitors health insurance marketing practices, network adequacy and treatment of consumers (NH RSA chapter 420-J), and has authority to take enforcement action with respect to violations of health insurance regulatory standards (NH RSA 415:20, NH RSA 420-G:16, NH RSA 420-J:14) and unfair trade practices (NH RSA chapter 417).

With respect to QHP-specific standards, the Commissioner has authority to adopt and apply standards consistent with the Affordable Care Act “for form and rate review of insurance products and any other regulatory oversight functions performed by the department.” NH RSA 420-N:5, IV. Adoption of such standards requires prior approval of the Joint Health Care Reform Oversight Committee under NH RSA 420-N:4, II. On February 12, 2013, this committee voted to endorse the concept of a partnership exchange, as outlined in New Hampshire Governor Maggie Hassan’s partnership declaration letter. Specific standards and rules would need to be approved by the committee on a case by case basis.

Present New Hampshire law is consistent with the idea of a partnership exchange, providing that “state agencies or departments may operate specific functions of a federally-facilitated exchange consistent with this subdivision to enable the continuation of traditional areas of state regulation and authority.” NH RSA 420-N:7, III. In addition, HB 668, presently pending in the New Hampshire legislature, would align New Hampshire’s market rules with those established under the ACA as of

1/1/2014. This bill would also grant specific authority to the Department to enforce the Essential Health Benefits requirement.

4.2 - QHP Certification Process – The Exchange has a process in place to certify QHPs pursuant to 45 CFR 155.1000(c) and according to QHP certification requirements contained in 45 CFR 156.

Evidence should include and/or address the following: 1) Description of how the appropriate State entity will ensure that issuers and health plans meet each of the QHP certification standards, including the process the appropriate State entity will use to evaluate issuers and health plans against each of the QHP certification standards, and any differences specific to SHOP, 2) Description of the entities responsible for QHP certification, including a description of roles and responsibilities of each entity as they relate to each of the QHP certification standards, and 3) Description of the integration between the Federally-facilitated Exchange and the State Department of Insurance.

Brief description of how the exchange will ensure that the issuers and health plans meet each of the QHP certification standards. Include process that the Exchange will use to evaluate issuers and health plans against each of the QHP certification standards, including any differences to SHOP.

The Department will develop a QHP-specific checklist, and then use its expertise in regulating health insurance plans to ensure that all QHP certification standards, including any SHOP-specific requirements, are met.

Brief description of entities responsible for QHP certification and briefly describe the roles and responsibilities of each entity as they relate to each of the QHP certification standards

All of the QHP certification tasks will be performed by the Insurance Department or its directly supervised contractors.

Brief description of the integration between the Exchange and the State Department of Insurance.

The Insurance Department or its directly supervised contractors will perform all QHP certification tasks. Integration with the FFE will be achieved using SERFF.

4.2a - Capacity to certify QHPs in advance of the annual open enrollment period pursuant to 45 CFR 155.1010(a)(1).

NHID submitted an Establishment Grant application on December 28, 2012 for a plan management exchange. The proposal includes a funding request to increase the capacity of the NHID Division of Compliance and Consumer Services with the addition of 1) a project manager to assess workflows, create new work flows and checklists and provide training to staff on new procedures; 2) a compliance examiner consultant to examine insurance policy forms, riders, endorsements and advertising to assure compliance with established federal and state laws and regulations and prepare communications for issuance through the NAIC electronic database; and 3) a Market Analysis and Examiner to examine state network adequacy requirements and ACA requirements for the identification of provider and service area requirements to meet QHP requirements; identify reporting requirements and identify tools and data sources necessary to track and report market conduct investigations and examinations related to ACA; and to assist in the establishment of workflows in support of reporting requirements and provide training and guidance to Department staff to implement changes.

With completion of the tasks above using grant funds, the Department anticipates that it will have the capacity to certify QHPs in advance of the annual open enrollment period.

4.2b – Capacity to ensure QHPs comply with the QHP standards contained in 45 CFR 156, including but not limited to standards relating to licensure, solvency, service area, network adequacy, essential community providers, marketing and discriminatory benefit design, accreditation, and consideration of rate increases.

Compliance with QHP standards will be checked when the policy forms and rates are filed. NHID staff, augmented by contracted consultants, will evaluate issuers and health plans against each of the QHP standards to determine which QHPs should be recommended to CCIIO for certification

SERFF will be used to collect Exchange applications and all related documents from QHPs. Carriers will need to submit QHP applications to NHID through SERFF starting March 28, 2013.

During this start-up and first year of operation, NHID proposes engaging a consultant to assess the current workflow and plan of operations to reengineer a new workflow and plan of operations including the creation of procedure manuals and tools to assist carriers and examiners in the form, rate and market review of insurers seeking certification as a QHP. We propose to conduct this assessment and operations plan between February 16 and March 31 of 2013. NHID prepared and posted Requests for Proposals (RFP) for a Partnership Exchange Project Manager and other consultants as noted below in late January to advance the process.

NHID has been certified by CCIIO as an effective rate review state and has the basic systems framework in place that can be modified to meet structure necessary to review a plan for QHP certification. We anticipate that we will need to enhance certain areas of plan management, such as network adequacy, marketing (advertising and collateral), quality rating improvements and communication interfaces. NHID will also need to expand its capacity to accomplish the startup and ongoing work in an effective manner for the first year of operations.

4.2c – Capacity to collect, analyze, and if required, submit to Federal government for review of QHPs' plan variations for cost-sharing reductions, advance payment estimates for such reductions, and any supporting documentation needed to ensure compliance with applicable regulations and accuracy of the cost-sharing reduction advance payments.

Plans will submit QHP plan variations for cost-sharing reductions, advance payment estimates for such reductions, and any supporting documentation to NHID through SERFF. NHID's Life, Accident and Health Actuary staff will review and analyze this information for accuracy and compliance with regulations. Once NHID approves the QHP variations, it will use SERFF to transmit the information to the Federal government.

4.2d – Capacity to ensure QHPs meet actuarial value and essential health benefit standards in applicable regulations and guidance.

NHID plans to leverage the AV calculator developed by CCIIO for the initial evaluation of whether a QHP's benefits are actuarially equivalent to the EHB benchmark. NHID staff will review the essential health benefits for discriminatory plan design, especially in regard to benefit substitutions, service limits,

and drug coverage. The Department plans to submit a more detailed description of this review process once the applicable checklists have been developed.

4.2e - Capacity to ensure QHPs' compliance with market reform rules in accordance with all applicable regulations and guidance.

Compliance with QHP standards will be checked when the policy forms are filed. Additionally, NHID will monitor complaints and conduct further investigations, in addition to scheduled market conduct examinations, if it appears that plans are not implementing under their submitted policies. To the extent the regulatory standards will change in 2014, NHID compliance staff will be trained and assisted by a Compliance Consultant with respect to the new standards. The Department's oversight process will include a notification of findings to CCIIO.

4.3 - Plan Management System(s) or Processes – Exchange or appropriate State Agency uses a plan management system(s) or processes that support the collection of QHP issuer and plan data; facilitate the QHP certification process; manage QHP issuers and plans; and integrate with other Exchange business areas, including the Exchange Internet Web site, call center, quality, eligibility and enrollment, and premium processing.

Evidence should include and/or address the following: 1) Brief description of the anticipated number of health plans expected to participate in the Exchange, and 2) Brief description of the collection method and applicable systems that will be used to support the business operations of Plan Management.

Brief description of the anticipated number of health plans expected to participate in the Exchange

Based on informal discussions with insurance carriers, NHID anticipates that about 10 plans will be offered on the individual Exchange, and about 10 plans will be offered on the SHOP. NHID expects these offerings to come from 2 different carriers.

Brief description of the collection method and applicable systems that will be used to support the business operations of Plan Management

NHID will be using the NAIC SERFF system for plan management activities.

4.3a - Capacity to collect and analyze information on plan rates, covered benefits, and cost-sharing requirements pursuant to 45 CFR 155.1020.

The Department already has form review specialists and an actuary on staff to review health insurance form and rate filings. NHID's capacity to analyze information on plan rates, covered benefits, and cost-sharing requirements pursuant to 45 CFR 155.1020 will be enhanced by the addition of a project manager; a compliance examiner consultant; and a market analysis/examiner funded through an Establishment Grant.

4.3b - Capacity to use plan rate data and rules for purposes such as generating consumer-facing premiums and determining the second-lowest cost silver plan for premium tax credit calculations.

The NHID collects plan rate data and either actual rates or rules for calculating actual rates. This data comes via SERFF and is largely in PDF files. NHID does not have a systematic way (a system solution) for generating consumer-facing premiums and/or determining the 2nd lowest cost silver plan. As New Hampshire will not be operating a state-based exchange, we do not believe that these tasks are part of the state's responsibility.

4.4 - Ensure Ongoing QHP Compliance – The Exchange has the capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a)(2), including a process for monitoring QHP performance and collecting, analyzing, and resolving enrollee complaints. Evidence should include and/or address the following: A brief description of approach to ensuring QHP compliance and monitoring of QHP performance, including any integration between Exchange and other State entities.

The NHID anticipates developing systems that will enable it to coordinate closely with CCIIO with respect to ongoing QHP compliance. These systems will likely include sharing QHP complaints, performance data, and other metrics, as well as communicating and coordinating actions taken to appropriately address QHP noncompliance.

We anticipate that this activity will be handled through the Department's Market Conduct and Enforcement Divisions with support from CCIIO as appropriate. In-house resources will be used to provide training and education.

4.4a - Capacity to ensure QHPs' ongoing compliance with QHP certification requirements pursuant to 45 CFR 155.1010(a)(2) and Exchange operational requirements.

To ensure ongoing QHP compliance with QHP certification requirements, NHID will monitor complaints and financial standards; NHID will also conduct market conduct examinations. Complaints will be monitored by NHID staff using its SBS system, and inquiries received may also be investigated. Additionally, financial monitoring, such as solvency strength tests, will take place quarterly and annually, and an in-depth financial examination on domestic QHPs will be conducted at least every five years. Furthermore, Level 1 market conduct reviews will be conducted every six months and more frequently if necessary and reviews will be tailored to the precise problems at issue. More comprehensive market conduct examinations will be conducted regularly and more frequently when warranted based on complaints, claim payment history, and other relevant factors that will be monitored by NHID through the QHP oversight process.

4.4b - Process to monitor QHP performance and to collect, analyze, and resolve enrollee complaints in conjunction with any applicable State entities (e.g., State Department of Insurance, consumer assistance programs, and ombudsmen).

NHID's Customer Services staff will track and resolve consumer complaints. NHID currently monitors complaints by coding them by type of coverage, source of complaint (insured, attorney, health care provider, legislator, etc.), and reason for complaint and disposition using NHID's SBS system. Complaints are reconciled with the carriers annually; this will be done on a complaint by complaint basis beginning January 1, 2013. Additionally, information is uploaded to the NAIC on a monthly basis. The complaint

data is analyzed by the NHID market conduct staff for trends that may indicate a market conduct exam is needed. It is also analyzed by the complaint unit when suspicion of a trend or market practice arises or when inquiries are received from areas such as the press or other states. NHID will monitor QHP complaints in the same manner.

4.5 - Exchange has the capacity to support issuers and provides technical assistance to ensure ongoing compliance with QHP issuer operational standards.

Evidence should include a description of issuer technical assistance and support activities to be provided by the Exchange and examples where applicable.

NHID will provide technical assistance to carriers on an ad hoc basis. During this start-up and first year of operation, New Hampshire proposes to engage a contractor to assess the current workflow and plan of operations and reengineer a new plan of operations to ensure support and technical assistance is provided to QHP issuers. The Department released a Request for Proposals in January 2013 in anticipation of funding being received in February 2013.

NHID has effectively provided technical assistance in this manner for the implementation of past initiatives such as the New Hampshire HealthFirst program.

4.6 - Issuer recertification, decertification, and appeal of determinations – Exchange has a process for QHP issuer recertification, decertification, and appeal of decertification determinations pursuant to 45 CFR 155.1075 and 155.1080.

Evidence should include: 1) Brief description of the process for transitioning enrollees to new QHPs in the event of a QHP decertification, including any differences specific to SHOP, and 2) Brief description of general approach for decertification, recertification, and appeal of decertification.

Brief description of the process for transitioning enrollees to the new QHPs in the event a QHP decertification, including any differences specific to SHOP?

The process for transitioning enrollees to new QHPs in the event of QHP decertification, including any differences specific to the SHOP, will be developed once the Department has been awarded grant funds and hired its contractors. We expect the process to be similar to that which is in place for carriers who are closing an existing block of business.

Brief description of general approach for decertification, recertification, and appeals of decertification.

The process for QHP decertification and recertification will be developed once the Department has been awarded grant funds and hired its contractors. We expect it to be procedurally similar to our licensing standards.

Appeals of Department decisions, which would include any decertification decisions, are governed by NH RSA 400-A:17-24, NH RSA 541-A:31-36, and New Hampshire Code of Admin. Rules Part Ins 200.

4.6a - Process for recertification of QHP issuers and QHPs including the annual receipt and review of QHP rate, benefit, and cost sharing information pursuant to 45 CFR 155.1020(c).

NHID will follow federal standards and the federal timeline for recertification. During this start-up and first year of operation, New Hampshire proposes to engage a contractor to assess the current workflow

and plan of operations and reengineer processes and integrating our Market Conduct activity to ensure timely and accurate evaluation of QHP issuer submissions, certification and decertification. NHID will submit recertification recommendations to CCIIO.

As a plan management partner, NHID will notify CCIIO if these material, substantial changes alter its recommendation for plan certification.

4.6b- Process for decertification of QHPs and QHP issuers and a process for transitioning enrollees into new QHPs pursuant to 45 CRF 155.1080.

The specific process for QHP decertification and recertification will be developed once the Department has been awarded grant funds and hired its contractors. However, the Department anticipates that the process will comport generally with the following:

- Throughout the year, NHID staff will monitor ongoing QHP compliance with certification criteria through consumer complaint monitoring, random audits, and market conduct exams.
- If a plan does not meet one or more requirements, the Insurance Commissioner will investigate, and may revoke, suspend, or not recertify QHPs under the authority of NH RSA 400-A: 14, and any other specifically applicable New Hampshire legal standard.
- Enrollees in a decertified plan will have the option to choose a new plan under a special enrollment period. If a plan is leaving the market, the plan must help transfer members to a business with approximately equal networks and coverage.

4.6c- Process for QHP issuer appeal of a decertification of a QHP pursuant to 45 CFR 155.1080 and any necessary appeal of QHP certification determinations consistent with an applicable state laws or regulations (4.6c).

Appeals of Department decisions, which would include any decertification decisions, are governed by NH RSA 400-A:17-24, NH RSA 541-A:31-36, and New Hampshire Code of Admin. Rules Part Ins 200. These provisions confer the right to a hearing before the Commissioner or an appointed hearing officer, including the ability to offer witness testimony and other evidence, and to seek reconsideration and further review from the New Hampshire Supreme Court.

4.7 - QHP Accreditation Timeline – A timeline for QHP issuer accreditation in accordance with 45 CFR 155.1045 and systems and procedures in place to ensure QHP issuers meet accreditation requirements (per 45 CFR 156.275) as part of QHP certification in accordance with applicable rulemaking and guidance.

During this start-up and first year of operation, New Hampshire proposes to engage a contractor to establish work processes and tracking for verification of accreditation status of QHP issuers. Additionally, the consultant will help develop a process to ensure public transparency of a plan's QHP certification through website posting.

4.8 - QHP Quality Reporting – Systems and procedures in place to ensure that QHP issuers meet the minimum certification requirements pertaining to quality reporting and provide relevant information

to the Exchange and HHS pursuant to Affordable Care Act 1311(c)(1), 1322(e)(3), and as specified in rulemaking.

During this start-up and first year of operation, New Hampshire proposes to engage a contractor to assist the Department in assessing its current capacity, systems and expertise to carry out this function and to recommend system enhancements as needed, as well as ways to utilize existing, nationally recognized quality metrics.

9.1 The Exchange technology and system functionality complies with relevant HHS information technology (IT) guidance. Brief description of any areas of significant variation between Exchange technology and system functionality and HHS IT guidance.

The Department intends to use SERFF for all plan review functions, and SBS for complaint tracking and monitoring. The Department anticipates that the upgraded versions of these systems will be compatible with those used by the federally-facilitated exchange.

9.2 The Exchange has the adequate technology infrastructure and bandwidth required to support all of the Exchange activities.

The Department intends to use SERFF for all plan review functions, and SBS for complaint tracking and monitoring. The Department anticipates having adequate infrastructure and bandwidth to support these systems.

9.3 The Exchange effectively implements IV&V, quality management, and test procedures for Exchange-development activities and demonstrates it has achieved HHS-defined essential functionality for each required activity.

Brief description of the front-end system engineering work including IT, quality assurance processes and IV&V services used to validate requirements, business processes and development of the Exchange.

The Department intends to use SERFF for all plan review functions, and SBS for complaint tracking and monitoring.

10.0 - Privacy and Security

10.1 - The Exchange has established and implemented written policies and procedures regarding the Privacy and Security standards set forth in 45 CFR 155.260(a) – (g).

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department expects that it will develop written policies and procedures by October 1, 2013 regarding the Privacy and Security standards set forth in 45 CFR 155.260 (a) – (g).

10.2 - The Exchange has established and implemented safeguards that (1) ensure the critical outcomes in 45 CFR 155.260(a) (4), including authentication and identity proofing functionality, and (2) incorporates HHS IT requirements as applicable.

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department expect that it will develop written policies and procedures by October 1, 2013 regarding the Privacy and Security standards set forth in 45 CFR 155.260 (a)(4).

11.0 - Oversight, Monitoring, and Reporting

11.1 - The Exchange has a process in place to perform required activities related to routine oversight and monitoring of Exchange activities (and will supplement those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313).

First BOX: Brief description of the oversight and monitoring plan for the Exchange, including any specific protocols for quality monitoring of Exchanges activities (e.g., Eligibility and Enrollment, Plan Management).

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department will develop an oversight and monitoring plan. We expect that it will utilize the NHID's existing oversight and monitoring systems for ensuring adequate performance of existing regulatory functions.

11.1a - The Exchange has in effect policies and procedures for performing routine oversight and monitoring of Exchange activities

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department will develop policies and procedures for oversight and monitoring as needed to supplement existing systems.

11.1b - The Exchange has in effect quality controls as part of oversight and monitoring of Exchange activities.

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department will develop quality controls for oversight and monitoring as needed to supplement existing systems.

11.2 - The Exchange has the capacity to track and report performance and outcome metrics related to Exchange Activities in a format and manner specified by HHS necessary for, but not limited to, annual reports required by Affordable Care Act 1313(a).

Brief description of data collection and reporting process and Exchange activity related performance metrics that the Exchange intends to track for internal purposes as part of the ongoing quality controls and improvement plan.

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department will develop data collection and reporting processes and performance metrics for quality control and improvement

11.3 - The Exchange has instituted procedures and policies that promote compliance with the financial integrity provisions of Affordable Care Act 1313 (and will supplement those policies and procedures to implement regulations promulgated under the Affordable Care Act 1313), including the requirements related to accounting, reporting, auditing, cooperation with investigations, and application of the False Claims Act.

To the extent appropriate for plan management and consumer assistance partnership tasks, and assuming receipt of federal grant funds for this purpose, the Department will develop policies and procedures that promote compliance with the financial integrity provisions of section 1313 of the ACA.

12.1 - The Exchange has executed appropriate contractual, outsourcing, and partnership agreements with vendors and/or State and Federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements. Exchange contracting entities meet the requirements for eligible contracting entities outlined in 45 CFR 155.110.

List all contracts with the Exchange

Subject to any prior approvals and bidding requirements required under New Hampshire law, the NHID will execute appropriate contractual, outsourcing and partnership agreements.

13.1 - The State has appropriate agreements in place to operate the Plan Management activities for a State Partnership Exchange

The Department anticipates that it will enter into a Memorandum of Understanding with CCIIO with respect to plan management activities for a state partnership exchange.

13.1a – The State and applicable entities have agreed to process for timely plan management data submission in the specified format to the Federal-Facilitated Exchange.

The Department anticipates that its Memorandum of Understanding with CCIIO with respect to plan management activities for a state partnership exchange will address the process for timely plan management data submission to the FFE.

13.1b – The State and applicable entities have signed and agreed to adhere to the terms and conditions of all necessary agreement(s) required to carry out Exchange activities.

The Department anticipates that it will enter into a Memorandum of Understanding with CCIIO with respect to plan management activities for a state partnership exchange.

13.1c – The State and applicable entities have agreed on a process for coordination with Federal-Facilitated Exchange account managers and oversight.

The Department anticipates that its Memorandum of Understanding with CCIO with respect to plan management activities for a state partnership exchange will address the process for coordination with FFE account managers and oversight.

13.2 - The State has the capacity to interface with the Federally-facilitated Exchange, as necessary, to ensure a seamless consumer experience.

The Department intends to use SERFF for all plan review functions, and SBS for complaint tracking and monitoring. The Department anticipates that these systems will interface seamlessly with the FFE.

13.2a - The State and the applicable State agencies have the capacity to conduct necessary coordination with the Exchange regarding customer service, outreach, and education.

During this start-up and first year of operation, New Hampshire proposes to engage a contractor to assist the Department in assessing its current capacity, systems and expertise to carry out this function and to recommend system enhancements as needed.

13.2b - The applicable State agencies have the capacity to share data with the Exchange that is needed to support the eligibility process for Insurance Affordability Programs.

Assuming receipt of federal grant funds for this purpose, and subject to issuance and state review of federal guidance about the nature and necessity to the eligibility process of the data in question, the Department expects that it will develop the capacity to share necessary data.

13.3 - The appropriate State entity has appropriate agreements in place and capacity to manage and operate a Navigator program and to establish and operate an in-person assistance program for a State Partnership Exchange.

Assuming receipt of federal grant funds for this purpose, during this start-up and first year of operation, New Hampshire proposes to engage a contractor to assist the Department in assessing and adequately developing its current capacity, systems and expertise to carry out this function and to recommend and adopt system enhancements as needed.

13.3a

The appropriate State entity has established or has a process in place to support, administer, and oversee (as applicable) aspects of the Federally-facilitated Exchange Navigator program consistent with the applicable requirements of 45 CFR 155.210, including ensuring that Navigators are adhering to the training and conflict of interest standards established by the Federally-facilitated Exchange and to the privacy and security standards developed by the Federally-facilitated Exchange pursuant to 45 CFR 155.260.

Brief description of the appropriate State entity’s plan to operate a Navigator program, including how it will ensure Navigators are appropriately trained and meet the Federally-facilitated Exchange’s conflict of interest, privacy and security standards.

The Department has applied for an Establishment Grant to provide the funding to design and implement a Navigator monitoring program that will provide day to day oversight for the Navigators operating in New Hampshire as part of the FFE. A consultant will be contracted to develop the policies and procedures needed for oversight and regulation of the Navigators. The Department will encourage eligible entities to apply for Navigator grants, promote and refer to Navigators, convey any concerns about Navigators to HHS and develop state-specific training for the Navigators as necessary.

13.3b

The appropriate State entity has established an in-person assistance program distinct from the Navigator program, and has a process in place to operate the program consistent with Federally-facilitated Exchange guidance, policies, and procedures.

The Department has applied for an Establishment Grant to provide the funding to design and implement an In-Person Assistance program to complement the Navigator program. A consultant will be contracted to facilitate the planning and development of the program and the policies and procedures needed for oversight and regulation. The following activities are planned to ensure that the IPAs are supported and overseen and adhere to the training and conflict of interest standards established by the FFE and to the privacy and security standards developed by the FFE:

- 3.1 Plan and Develop an In-Person Assistance (IPA) program for consumer assistance consistent with 45 CFR 155.205 (d) and (e);
 - 3.1.1 Contract with a facilitator/planner to bring together stakeholders for the purpose of planning a consumer assistance IPA program to meet the unique needs of New Hampshire.
 - 3.1.2 Contract with a consultant to develop Request for Proposal for IPA program
 - 3.1.3 Post RFP for the IPA program
- 3.2 Implement and manage In-Person Assistance (IPA) program for consumer assistance consistent with 45 CFR 155.205 (d) and (e);
 - 3.2.1 Contract with statewide organizations and not for profit community organizations to provide in-person assistance
 - 3.2.2 Ensure coordination with Navigator program and current NHID consumer services
 - 3.2.3 Ensure that In-Person Assistants (IPAs) are providing referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman program, as appropriate
 - 3.2.4 Ensure that IPAs are supporting consumers in obtaining an eligibility determination or redetermination; filing an application; facilitating selection of a qualified health plan (QHP), affordability program, or other coverage option; and reporting a change in status, and/or comparing coverage options;
 - 3.2.5 Ensure the IPA grantees do not have a conflict of interest during their terms as IPAs as well as IPA compliance with the privacy and security standards adopted by the Exchange;
- 3.3 Inform individuals of the availability of the services and how to access such services.

- 3.3.1 Manage and monitor outreach and education efforts, including working with local stakeholders through the IPA and other outreach programs to educate consumers and small businesses about available health plan options;
- 3.4 Develop State-specific training and information resources for IPA programs, as appropriate, to complement required Federal training modules.
 - 3.4.1 Ensure that IPAs take any applicable State-developed training and pass any applicable assessments before engaging in consumer assistance work; and
 - 3.4.2 Work with CMS to ensure that, in-person assistance personnel take the CMS-developed training before engaging in consumer assistance work and complementary State-developed training, if applicable, and pass any applicable assessments.
- 3.5 Support integration and coordination of existing systems of insurance affordability program enrollment, such as Medicaid and the Children’s Health Insurance Program.
- 3.6 Ensure appropriate referral processes are in place for IPA personnel to facilitate assistance to consumers whose needs exist outside the scope of the IPA program, such as appealing an insurer’s claims denial or problems with other types of coverage.
- 3.7 Develop, in coordination with CMS, processes to share complaints about the Exchange, which are received from the Navigators, in-person assistance personnel, consumers, and other sources.
- 3.8 Develop an appropriate consumer complaint referral and resolution process for the IPA program.
- 3.9 Ensure In-person Assistants adhere to FFE standards for privacy and security.