

# NH Partnership Exchange

## Federal Exchange Functions

The Exchange set up by the federal government will perform the following tasks:

- **Maintain a website** to provide plan information and options in a standardized format.
- Operate a **toll-free hotline**.
- Administer the **tax credit** and transfer to the Treasury and employers a list of eligible employees.
- Make available a **calculator** to determine actual cost of coverage after subsidies.
- Administer the individual responsibility **mandate**.
- Establish a **Navigator** program that provides grants to entities that assist consumers

The federal government will also set up the **SHOP** Exchange for small employers

## Plan Management

- **State role:**
  - » Qualified Health Plan certification, including licensure and good standing, Essential Health Benefits, meaningful difference review
  - » Collection and analysis of plan rate and benefit package information
  - » Ongoing issuer oversight
  - » Plan monitoring, oversight, data collection and analysis for quality
  - » Assist consumers who have complaints about carriers or plans.

## Consumer Assistance

- **State role:**
  - » Oversee conduct of Navigators
  - » Design and oversee supplemental in-person assistance program
  - » Conduct state-specific outreach and education
- **Federal role:**
  - » Call center operations
  - » Website management
  - » Written correspondence with consumers on eligibility/enrollment
  - » Selection of Navigators

The NH DHHS will continue to operate the state Medicaid program, including an interface with the Exchange.

## Summary of NHID Bulletin to Issuers Regarding QHP Certification for the 2014 Plan Year

1. The purpose of the Bulletin is to detail the process issuers must follow in New Hampshire to have their non-grandfathered individual and small group health plans certified as Qualified Health Plans (QHPs) eligible to be offered in the New Hampshire Health Insurance Marketplace for October 1, 2013 open enrollment and January 1, 2014 effective date coverage.
2. Under the plan management partnership arrangement with the Federally Facilitated Exchange that will be established for New Hampshire, the New Hampshire Insurance Department (NHID) will review and recommend certification of QHPs to the US Department of Health and Human Services (HHS) Center for Consumer Information and Insurance Oversight (CCIIO), which will have the opportunity to ratify the certification recommendation.
3. To be certified as a QHP on the New Hampshire Marketplace, issuers and their health plans must meet all applicable federal and state regulatory requirements and standards. In reviewing proposed QHPs, the NHID will apply all state regulatory standards except those that are inconsistent with and would prevent the application of federal law.
4. The New Hampshire Insurance 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 and application of such standards requires prior approval of the Joint Health Care Reform Oversight Committee under NH RSA 420-N:4, II.
5. The timeline for the QHP certification process in New Hampshire began on **March 28, 2013** (the date by which carriers were to notify the NHID of intent to participate in the Marketplace) and ends on **October 1, 2013** (when the annual open enrollment period begins).
6. The table in the Bulletin provides citations of federal law and the Code of Federal Regulations (CFR) that establish the federal certification criteria for qualified health plans (QHPs) for specific substantive areas, followed by an explanation of the Department’s planned approach to conducting review to determine whether applicable requirements are met. The areas addressed are:
  - a. **General Requirements:** NHID will review rates, forms and QHP application filings. For QHPs that meet applicable standards, NHID will recommend certification. At least one carrier has notified NHID of its intent to offer a standalone dental QHP on the Marketplace. Therefore, NHID will not require QHP issuers to include pediatric dental benefits in their non-grandfathered individual and small group plans.
  - b. **Licensure and Solvency:** A QHP issuer must be licensed and in good standing with the NHID.
  - c. **Network Adequacy:**

- i. Issuers of medical QHPs must comply with New Hampshire Code of Administrative Rules Part INS 2701 (Network Adequacy). The Department's specific approach to this review will be as follows:
  - 1. An adequacy report must be made, or on file, pursuant to Part INS 2701. The Department will accept and review changes to previously filed adequacy reports.
  - 2. The issuer must submit an attestation that the network is in compliance with the essential community provider requirements.
  - 3. Issuers shall make their provider directory available for online publication and in print as requested.
  - 4. Mental Health Network Adequacy is also required.
- ii. Issuers of stand-alone dental plans must submit an adequacy report demonstrating that their network has sufficient numbers and types of providers to assure that all services will be accessible without unreasonable delay.
- d. **Accreditation:** Existing commercial or Marketplace health plan accreditation from HHS-recognized accrediting entities will be accepted. For the purposes of QHP issuer certification in 2013, these are the National Committee for Quality Assurance (NCQA) and URAC. NHID will require an authorization from the issuer for the release of all accreditation data upon request from NHID.
- e. **Service Area:** NHID will allow the QHP issuers to choose their service area(s), except that requested service areas may not be smaller than a county.
- f. **Rating Area:** Present New Hampshire law prohibits geographic rating in the individual and small group markets. In addition, HB 668, which is now pending in the New Hampshire legislature, would establish a single rating area for QHP certification for 2014. Prospective QHP issuers should proceed under the assumption that they will not be able to vary premiums by regions within the state in 2014.
- g. **Quality Improvement Standards:** The NHID will require all QHP Issuers to report on the implementation of their quality improvement standards. The carrier shall submit an attestation of intent to comply with all regulatory guidelines issued by HHS relating to quality improvement standards.
- h. **General Offering Requirements:** A QHP issuer must offer at least one QHP in the silver coverage level and at least one QHP in the gold coverage level and a child-only plan at the same level of coverage as any QHP offered through either the individual Marketplace or SHOP to individuals who, as of the beginning of the plan year, have not attained the age of 21.
- i. **Essential Health Benefits Standards:** New Hampshire has adopted the Matthew Thornton Blue Plan as the Base Benchmark Plan to set the essential health benefits for New Hampshire. The U.S. DHHS has supplemented the Matthew Thornton Blue Plan

with the Federal Employee Dental and Vision Insurance Plan (FEDVIP) for pediatric dental and vision benefits, and has determined that habilitative services are already included in New Hampshire's base benchmark plan. Carriers must comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.

- j. **Essential Health Benefit Formulary Review:** The QHP must cover at least the greater of one drug in every U.S. Pharmacopeial Convention (USP) category and class or the same number of drugs in each category and class as the base benchmark plan. NHID will require an attestation of compliance with EHB Formulary Standards.
- k. **Non-Discrimination Standards in Marketing and Benefit Design:** NHID will require prior approval of QHP marketing material and an attestation that the QHP issuer meets all Marketing Standards. If NHID determines through its regulatory efforts that unfair or discriminatory marketing is occurring, NHID will enforce through use of state remedies and will recommend the QHP for decertification.
- l. **Actuarial Value Standards:** NHID will require issuers to submit the completed actuarial value calculator provided by CCIIO to verify compliance with AV standards. NHID will also require issuers to submit an actuarial certification. The actuary shall certify that either the AV calculator accommodated the plan design or specify the methodology used to accommodate the plan for calculation purposes.
- m. **Quality Rating Standards:** HHS intends to propose a phased approach to new quality reporting and display requirements for all Marketplaces with reporting requirements related to all QHP issuers expected to start in 2016. The NHID will address the issue of Quality Rating Standards after the federal guidance has been issued.
- n. **Rate Filing:** NHID will continue to effectuate its rate review program, inclusive of federal rating standards and state specific standards, and will review all rate filings for prior approval. Final rating rules are currently being deliberated by New Hampshire's General Court via HB 668. Carriers shall monitor this bill and amend their rates, if necessary, to accommodate statutory changes. Rate filing information must be submitted to NHID prior to the implementation of the rates.
- o. **Plan Variations for Individuals Eligible for Cost Sharing Subsidies:** Each QHP issuer must offer three silver plan variations for each silver QHP, and one zero cost sharing plan variation and one limited cost sharing plan variation for each metal level QHP. This will be completed via rate and benefit templates. The NHID will require an attestation of compliance with Plan Variation Standards.

# **Consumer Assistance Grant Application Summary**

## **1. Administration/coordination**

Contract with a project manager to provide capacity to carry out the project activities and meet the milestones including implementation of the in-person assistance program.

Contract with consultants to facilitate the engagement of stakeholders in the planning process of an in-person assistance program; develop and implement an outreach and education plan; develop regulations and oversight of the Navigators.

## **2. Oversight of Navigators**

Develop policies, procedures, regulations and training for oversight and regulation of Navigators.

Provide day to day monitoring of Navigator Program.

Develop State-specific training and information resources for Navigator and other in-person assistance programs, as appropriate, to complement required Federal training modules.

Support integration and coordination of existing systems of insurance affordability program enrollment, such as Medicaid and the Children's Health Insurance Program.

Ensure appropriate referral processes are in place for Navigators and in-person assistance personnel to facilitate assistance to consumers whose needs exist outside the scope of the Navigator and other in-person assistance programs, such as appealing an insurer's claims denial or problems with coverage.

Develop, in coordination with CMS, processes to share complaints about the Exchange, which are received from the Navigators, in-person assistance personnel, consumers, and others.

Share with CMS, State-developed resources for consumer outreach and education.

Work with CMS to develop an appropriate consumer complaint referral and resolution process for the Exchange.

Ensure Navigators adhere to FFE standards and privacy and security standards.

## **3. In-person Assistance Program**

Plan, develop, implement, and manage an In-Person Assistance (IPA) program for consumer assistance consistent with 45 CFR 155.205 (d) and (e).

## **4. Outreach and education**

Develop and implement an outreach and education plan and activities to educate consumers about the Exchange and insurance affordability programs to encourage participation.

Develop a paid and earned media plan by June 15th, 2013.

# Summary of NH State Partnership Blueprint – April 9, 2013

Highlighted material is from the US DHHS Blueprint Form.<sup>1</sup>

*Italicized material is new, and updates what was filed in the blueprint.*

## 3.14 - Pre-Existing Conditions Insurance Plan (PCIP) Transition Plan

HB 526, currently pending in the NH legislature, would establish procedures for phasing out New Hampshire's PCIP program, as well as the state high risk pool and other state risk sharing programs.

## 4.1 - Authority to Oversee Certification of Qualified Health Plans (QHPs)

The New Hampshire Insurance Commissioner has **general authority to enforce state insurance laws** including those relating to health insurance carrier licensing, policy forms, rates, and benefit design, marketing practices, network adequacy and treatment of consumers.

The Commissioner also 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 and use of such standards **requires prior approval of the Joint Health Care Reform Oversight Committee** under NH RSA 420-N:4, II.

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 Department will develop a **QHP-specific checklist**, then use its expertise in regulating health insurance plans to ensure that all QHP certification standards, including any SHOP-specific requirements, are met. All of the QHP certification tasks will be performed by the Insurance Department or its directly supervised contractors.

NHID submitted an **Establishment Grant application** on December 28, 2012 for a plan management exchange. The proposal included a funding request to **contract** with:

- 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 examiner**.

***NH's request for Establishment grant funding for plan management has been granted. In March 2013, the joint legislative Fiscal Committee and the Governor and Executive Council approved use of the funds, and the G&C approved the Department's contract with PCG to perform these tasks.***

---

<sup>1</sup> The form is designed to include stated-based exchanges as well as partnerships, so not all sections were applicable to NH. Each section for which we filed a response is included in the summary.

### **4.3 - Plan Management System(s) or Processes**

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.

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.

### **4.4 - Ensure Ongoing QHP Compliance**

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.

### **4.5 - Capacity to support issuers and provide technical assistance to ensure ongoing compliance with QHP issuer operational standards.**

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 Requests 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.

### **4.6 - Issuer recertification, decertification, and appeal of determinations**

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.

**Appeals of Department decisions**, including 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**

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**

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.

#### **9.1, 9.2 and 9.3 - Technology and system functionality, infrastructure and bandwidth**

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, and will have adequate infrastructure and bandwidth.

#### **10.0 - Privacy and Security**

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).

#### **11.0 - Oversight, Monitoring, and Reporting**

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, as well as data collection and reporting processes and performance metrics for quality control and improvement. We expect that these systems will utilize the NHID's existing oversight and monitoring systems for ensuring adequate performance of existing regulatory functions. The Department will also 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.**

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 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, as well as for coordination with FFE account managers and oversight.

*As the above language indicates, at the time the NHID submitted the Blueprint, we anticipated that we would be entering into a Memorandum of Understanding(MOU) with CCIIO. However, CCIIO subsequently informed us that an MOU would not be a required element of the partnership; rather, the terms of the agreement would be governed by the state's Declaration Letter, blueprint, and grant agreements. CCIIO remains willing to negotiate an MOU with the state if the state feels it is necessary.*

**13.2 - The State has the capacity to interface with the Federally-facilitated Exchange, as necessary, with respect to consumer 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 consumer outreach and education, and to recommend system enhancements as needed.

**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.**

With respect to consumer assistance, the Department has applied for an Establishment Grant to provide the funding to do the following:

1. 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.
2. 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.

***On April 8, 2013, the Department's application for funds for consumer assistance tasks was granted.***

# Summary of NH State Partnership Blueprint – April 9, 2013

Highlighted material is from the US DHHS Blueprint Form.<sup>1</sup>

*Italicized material is new, and updates what was filed in the blueprint.*

## **3.14 - Pre-Existing Conditions Insurance Plan (PCIP) Transition Plan**

HB 526, currently pending in the NH legislature, would establish procedures for phasing out New Hampshire's PCIP program, as well as the state high risk pool and other state risk sharing programs.

## **4.1 - Authority to Oversee Certification of Qualified Health Plans (QHPs)**

The New Hampshire Insurance Commissioner has **general authority to enforce state insurance laws** including those relating to health insurance carrier licensing, policy forms, rates, and benefit design, marketing practices, network adequacy and treatment of consumers.

The Commissioner also 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 and use of such standards **requires prior approval of the Joint Health Care Reform Oversight Committee** under NH RSA 420-N:4, II.

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 Department will develop a **QHP-specific checklist**, then use its expertise in regulating health insurance plans to ensure that all QHP certification standards, including any SHOP-specific requirements, are met. All of the QHP certification tasks will be performed by the Insurance Department or its directly supervised contractors.

NHID submitted an **Establishment Grant application** on December 28, 2012 for a plan management exchange. The proposal included a funding request to **contract with:**

- 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 examiner**.

***NH's request for Establishment grant funding for plan management has been granted. In March 2013, the joint legislative Fiscal Committee and the Governor and Executive Council approved use of the funds, and the G&C approved the Department's contract with PCG to perform these tasks.***

---

<sup>1</sup> The form is designed to include stated-based exchanges as well as partnerships, so not all sections were applicable to NH. Each section for which we filed a response is included in the summary.

### **4.3 - Plan Management System(s) or Processes**

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.

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.

### **4.4 - Ensure Ongoing QHP Compliance**

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.

### **4.5 - Capacity to support issuers and provide technical assistance to ensure ongoing compliance with QHP issuer operational standards.**

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 Requests 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.

### **4.6 - Issuer recertification, decertification, and appeal of determinations**

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.

**Appeals of Department decisions**, including 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**

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**

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.

#### **9.1, 9.2 and 9.3 - Technology and system functionality, infrastructure and bandwidth**

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, and will have adequate infrastructure and bandwidth.

#### **10.0 - Privacy and Security**

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).

#### **11.0 - Oversight, Monitoring, and Reporting**

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, as well as data collection and reporting processes and performance metrics for quality control and improvement. We expect that these systems will utilize the NHID's existing oversight and monitoring systems for ensuring adequate performance of existing regulatory functions. The Department will also 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.**

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 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, as well as for coordination with FFE account managers and oversight.

*As the above language indicates, at the time the NHID submitted the Blueprint, we anticipated that we would be entering into a Memorandum of Understanding(MOU) with CCIIO. However, CCIIO subsequently informed us that an MOU would not be a required element of the partnership; rather, the terms of the agreement would be governed by the state's Declaration Letter, blueprint, and grant agreements. CCIIO remains willing to negotiate an MOU with the state if the state feels it is necessary.*

**13.2 - The State has the capacity to interface with the Federally-facilitated Exchange, as necessary, with respect to consumer 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 consumer outreach and education, and to recommend system enhancements as needed.

**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.**

With respect to consumer assistance, the Department has applied for an Establishment Grant to provide the funding to do the following:

1. 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.
2. 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.

***On April 8, 2013, the Department's application for funds for consumer assistance tasks was granted.***