

Health Insurance Marketplace Plan Management

Plan Year 2024
QHP Application Process

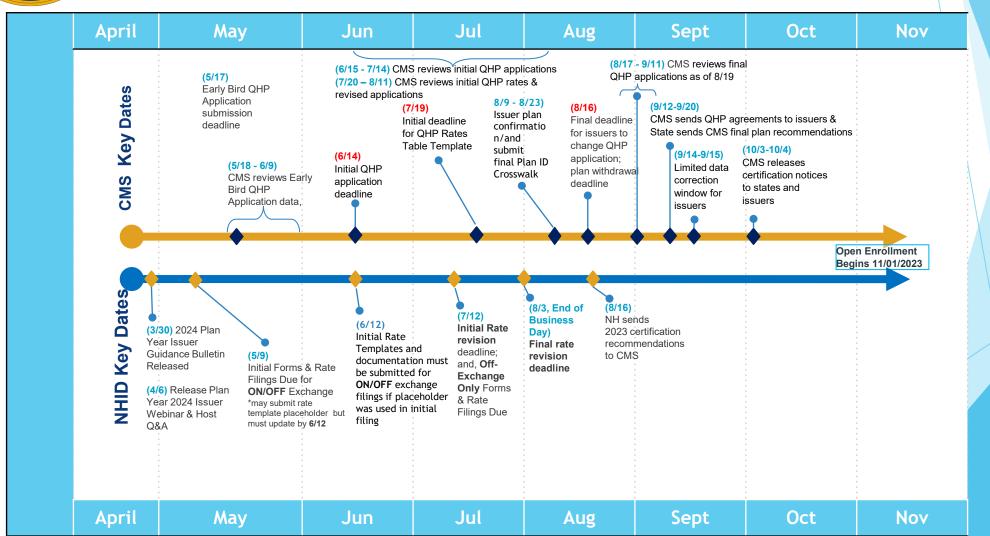


Agenda

- NHID QHP Timeline Plan Year 2024
- Key Dates for QHP Certification
- Federal Filing Guidance
- State Filing Guidance
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- Network Adequacy Reminders
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NHID QHP Timeline Plan Year 2024



nh.gov/insurance



Key Dates for QHP Certification

- ► Initial On-Exchange Rate(s) (may file rate placeholder), Binders and Forms
 - ▶ Due to NHID May 9, 2023
- Early Bird QHP Applications
 - Due May 17, 2023
- Initial Rates Filings if a placeholder was filed 5/9/23:
 - **Due June 12, 2023**
- On-Exchange Rate Revisions and Off-Exchange Only Filings:
 - Due July 12, 2023
 - Final Rate Revisions: Due August 3, 2023



NHID QHP Recommendations due to CMS by August 16, 2023

Federal Filing Guidance

Each year, CMS releases review tools, templates, required documentation, and instructions along with training materials in order to ensure accurate completion of all required QHP application sections.

CMS Tools/Guidance include:

- SERFF Industry User Manual
- Qualified Health Plan Website (contains all review tools and CMS instructions)

PY 2024 Tools and QHP
Submission Checklist are
posted here: Application Materials

QHP Certification Issuer Toolkit

Issuers are strongly encouraged to download the <u>Toolkit</u> and reference its detailed checklists throughout application submission and plan certification.



State Filing Guidance

The Department understands the complexity of the QHP Certification process and, as such, the Department has guidance and tools to assist issuers during the QHP submission and review process.

NHID Tools/Guidance include:



- ▶ 2024 Plan Year Issuer Guidance Bulletin
- ► 2024 QHP Filing Checklists (Individual, Small Group Medical Plans & Individual/Small Group Stand-Alone Dental Plans)
- ► NHID Network Adequacy Template

For PY2024: Issuers will **not** have to submit the "Advertising Attestation"

All NHID tools and guidance will be available on the Life, Accident & Health website:

https://www.nh.gov/insurance/lah/2022-plan-year-qhp.htm



Rate Filing Procedure For PY 2023

New Hampshire is operating a reinsurance program (Program), supported by a Section 1332 State Innovation Waiver, in the individual market.

For purposes of calculating federal pass-through funding to support the Program, for all years of the program (plan years 2021-2025), issuers will be required to **file two sets of rates** and include explanation of such rate assumptions in the plan year actuarial memorandum for all individual market plans eligible for participation in the Program.

More information on the NH 1332 program and any updates to the program will be posted on the NH website: https://www.nh.gov/insurance/lah/nh-section-1332-waiver.htm



Rate Filing Procedure For PY 2023

Issuers should submit:

- ► One set of "with waiver" rates that factor in the estimated impact of program payments on rates, and
- ▶ One set of "without waiver" rates that show the anticipated rates if there were no program or program payments.

The "with waiver rates" must be reflective of the insurer's estimated actuarial impact that the waiver program will have on the insurer's plan(s) for the upcoming benefit year.



Network Adequacy Reminders

For PY 2024, issuers are expected to file the **NHID Network Adequacy Template** and are urged to review the NA Template Guidelines prior to completing.

Reminders:

- Review guidelines and instructions including naming conventions detailed in NHID Network Adequacy Template Guidelines tab.
- Provider information submitted must be representative of signed contracts in place.
- ► Each distinct network must be submitted on a separate workbook template.
- Issuers must review Column K categorizations and ensure that they include and accurately categorize providers and facilities.
- Issuers must review the in-network provider designations in Column L.
- **Direct URL Requirement: CMS also announced SBC, Formulary, Network and Plan Brochure must have URLs that link directly to the appropriate document, form or directory.



Standardized Plans

Issuers must comply with CMS requirements for standardized plans.

- CMS has proposed standardized plans at the following metal levels:
 - Bronze
 - Silver
 - Each Silver CSR plan variation
 - Gold
 - Platinum
- ➤ The proposed NBPP contemplates either limiting the number of non-standardized plan options issuers may offer through federally-facilitated Exchanges or HHS would apply a meaningful difference standard and prohibit plans that are not meaningfully different from others offered by the same issuer, based largely on deductible amounts.

^{*} CMS released two sets of standardized plans to accommodate state-specific costsharing rules (outside of New Hampshire). Plans must align with first set of standardized plans, which is applicable to New Hampshire.



2024 Cost Sharing Limitations

As CMS does annually, it has updated the maximum annual limits on cost sharing.

- > \$9,450 for self-only coverage
- ► \$18,900 for family coverage

This represents a 3.8% increase above the 2023 limits of \$9,100 / \$18,200

Eligibility Category	Reduced Maximum Annual Limitation on Cost Sharing for Self-only Coverage for 2024	Reduced Maximum Annual Limitation on Cost Sharing for Other than Self-only Coverage for 2024
Individuals eligible for CSRs under		
§ 155.305(g)(2)(i) (household income greater than	\$3,150	\$6,300
or equal to 100 and less than or equal to 150 percent	\$5,150	30,500
of FPL)		
Individuals eligible for CSRs under		
§ 155.305(g)(2)(ii) (household income greater than	\$3,150	\$6,300
150 and less than or equal to 200 percent of FPL)		
Individuals eligible for CSRs under		
§ 155.305(g)(2)(iii) (household income greater than	\$7,550	\$15,100
200 and less than or equal to 250 percent of FPL)		



Actuarial Values

"De minimis variations" permitted from the standard actuarial value (A/V) amounts for each metal level have changed.

- ► Except as noted below, plans in the individual and small group markets must have A/Vs within +/-2 percentage points of the standard A/V for that metal level.
- Metal level-specific standards:

Metal Level	Permitted De Minimis A/V Variation
Expanded Bronze plans	+5/-2 percentage points
Individual market Silver plans	+2/0 percentage points
Income-based CSR plans	+1/0 percentage points



Prescription Drug Rebate Reporting

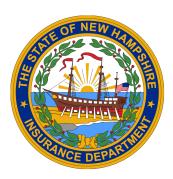
By July 1st of each year and, unless extended, until July 1, 2024, issuers will be required to ensure compliance with RSA 415-A:7. Issuers must file a report with the New Hampshire Insurance Department demonstrating compliance with the law.

At a minimum, the report must detail how issuers comply with RSA 415-A:7, II by certifying:

- ▶ If rebates are remitted via 415-A:7, II (a), 415-A:7, II (b), or both.
- ▶ If remitted via 415-A:7, II (b), provide a brief explanation how rebates are applied to "its plan design and in future plan years to offset the premium for covered persons".

The report may be submitted to the NHID through SERFF or email:

INS-Requests@ins.nh.gov with the subject heading stating "Prescription Drug Rebate Report."



Any Questions?





New Hampshire Insurance Department Key Contacts

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