New Hampshire Insurance Department

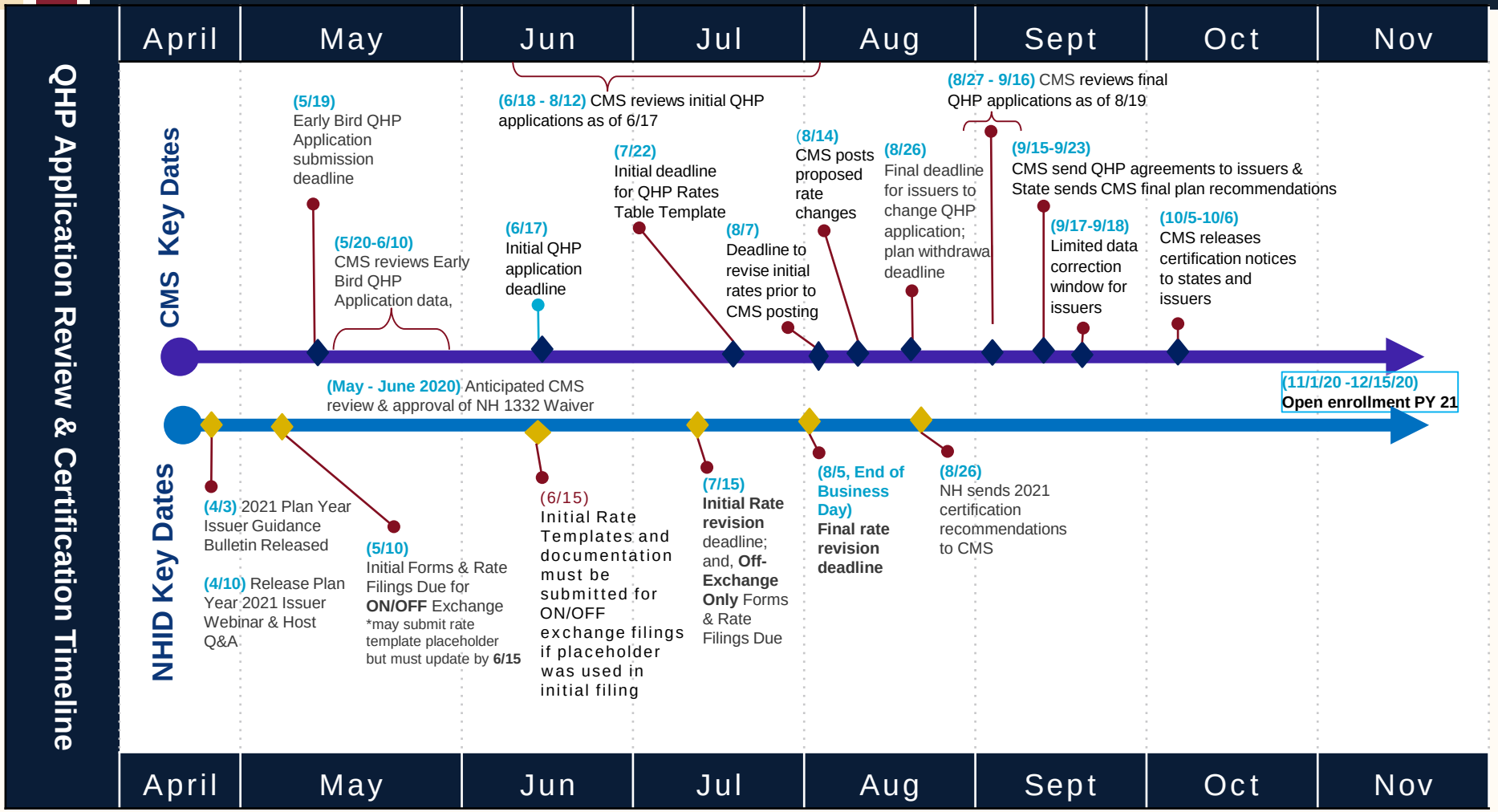
Health Insurance Marketplace Plan Management

Plan Year 2021 QHP Application Process

Presented April 10, 2020,
Revised May 18, 2020

Agenda

FINAL NHID QHP Timeline Plan Year 2021-revised May 18, 2020



Key Dates for QHP Certification

Some key PY 2021 dates and filing procedures to be aware of include:

- Early Bird QHP Applications Due: May 19, 2020
- Initial On-Exchange Rate(s)*, Binders and Forms Due to NHID: May 10, 2020
  - *May submit Rate placeholder until June 15, 2020
- Initial Rate Revisions Due; Off-Exchange Only Filings Due: July 15, 2020
- Final Rate Revisions Due: August 5, 2020

NHID QHP Recommendations due to CMS by August 26, 2020

State 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:

- 2021 Plan Year Issuer Guidance
- QHP Filing Checklists (Individual, Small Group Medical Plans & Individual/Small Group Stand-Alone Dental Plans)
- Master List of SERFF Form and Binder Documents Needed for QHP Submission

All NHID tools/guidance will be available on the Department website:
https://www.nh.gov/insurance/lah/2021-plan-year-qhp.htm

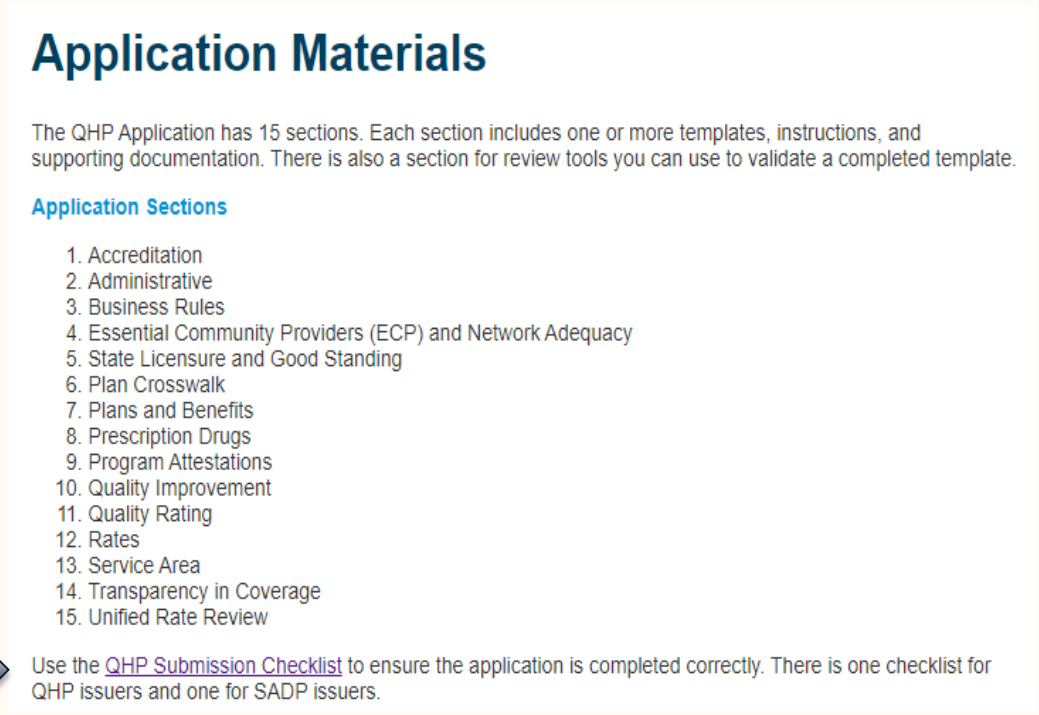
Federal Guidance

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

CMS Tools/Guidance include:

- SERFF Industry User Manual
- **Qualified Health Plan Website (contains all review tools and CMS instructions)**
  https://www.qhpcertification.cms.gov
  - **QHP Application Materials**

PY 2021 Tools and QHP Submission Checklist were posted on 3/30



Application Materials

The QHP Application has 15 sections. Each section includes one or more templates, instructions, and supporting documentation. There is also a section for review tools you can use to validate a completed template.

Application Sections

1. Accreditation
2. Administrative
3. Business Rules
4. Essential Community Providers (ECP) and Network Adequacy
5. State Licensure and Good Standing
6. Plan Crosswalk
7. Plans and Benefits
8. Prescription Drugs
9. Program Attestations
10. Quality Improvement
11. Quality Rating
12. Rates
13. Service Area
14. Transparency in Coverage
15. Unified Rate Review

Use the QHP Submission Checklist to ensure the application is completed correctly. There is one checklist for QHP issuers and one for SADP issuers.

QHP Weekly Calls

Unlike previous years, the Department will **not** be having a standing weekly call with each issuer.

- If an issuer has questions, they should submit them to their assigned examiner and, if needed, a call will be scheduled to discuss. Otherwise, responses will be provided in writing.
- Issuers will be assigned to the same examiners as in PY 2020.
- The Department will distribute significant updates that arise from questions and responses that pertain to all issuers.*

*The Department will not distribute questions / responses containing carrier specific information, product design, rate, or other propriety information.

Network Adequacy Reminders

For Plan Year 2021, Issuers will be required to file the templates listed here:

Network Adequacy Files

- Public FTP Site
- NHID Network Adequacy Template
- NHID Resource File

Reminders:

- Review guidelines detailed in NHID Network Adequacy Template
- Provider information submitted must be representative of signed contracts in place
- All data submitted must be accurate and current as of the date of filing
- If changes occur after submission:
  - Report to the Department in writing immediately
  - Update all applicable state and federal templates via SERFF
- If changes occur after approval/certification, issuers are subject Ins 2700.11 reporting requirements
- For PY2021, issuers not be required to submit a separate NH Summary Template (Acute Care Hospital List) but Network Adequacy Template must clearly identify participating hospitals

Rate Filing Procedure for PY 2021

New Hampshire has submitted a Section 1332 State Relief and Empowerment Waiver application, seeking a waiver and pass-through funding to allow the state to implement a reinsurance program in the individual market.

Issuers will be required to **file two sets of rates** and include explanation of such rate assumptions in the 2021 actuarial memorandum for all plans eligible for participation in the Program. Issuers should submit the following:

- 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 and without 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.

*****It is anticipated that federal approval of the waiver application will occur prior to final certification, allowing for withdrawal of the "without rates" and any rate revision necessary to comply with the final federally approved reinsurance program.

More information on the NH 1332 program (including the draft waiver) is posted on the on the NH website: https://www.nh.gov/insurance/lah/nh-section-1332-waiver.htm

New Hampshire QHP Tools Attestation

Review Tools Requirement

- Issuers must submit attestations that all CMS QHP tools have been run and errors resolved prior to submission of data templates.
- If issuers receive an “unmet” when running a tool but believe they are still compliant, they must add an “explanations” column for their justification on the Excel tool’s results tab.
- Both the attestation form and excel spreadsheet must be uploaded to the Supporting Documents tab in SERFF.

ATTESTATION FOR COMPLIANCE WITH THE QHP REVIEW TOOLS REQUIREMENT PER NEW HAMPSHIRE INSURANCE DEPARTMENT

I, the undersigned officer of _____ NAME OF ENTITY) do hereby attest that:

I have carefully reviewed the contents of this submission in regard to CMS QHP REVIEW TOOLS requirements and have read and understand penalties may be enforced for submission of templates not having met the requirements of the CMS QHP review tools. I have run all applicable CMS review tools, and if any tool results show an unmet requirement, I have uploaded to SERFF the excel tool’s results tab with an added explanations column with my justification explaining why the plans are still in compliance with the federal requirements even though they did not pass the tool review.

_____ _____ (Title of Officer*)

_____ _____ (Printed Name of Officer*)

_____(Original Signature of Officer*)

Issuer Evaluation of QHP Application

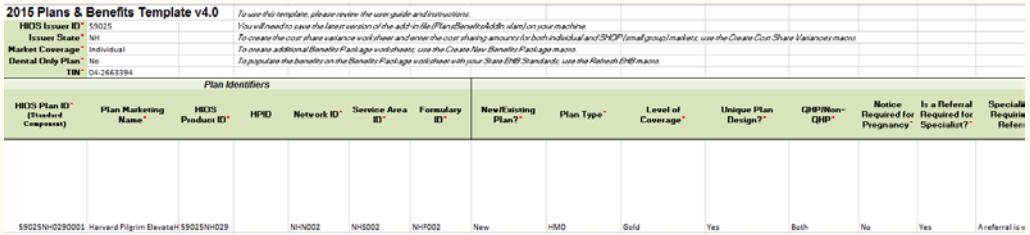
Matching Policy Forms and Plan and Benefit Templates

- Data on the Plan and Benefit Template must: (1) be accurate; and (2) match the policy forms.
  - Issuers must indicate in the Plan and Benefit Template whether a benefit has any limits and any applicable exclusions or benefit explanations.
- Issuers must update plan forms when updating the Plan and Benefit Templates and vice versa.

FORMS


Schedule of Benefits
Harvard Pilgrim Health Care of New England, Inc.
THE ELEVATEHEALTH℠ SILVER HMO
NEW HAMPSHIRE

TEMPLATES



2015 Plans & Benefits Template v4.0	To use this template, please review the user guide and instructions.
HIOS Issuer ID*	59025
Issuer State*	NH
Market Coverage*	Individual
Dental Only Plan*	No
TIN*	04-2663394

Plan Identifiers														
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist Requiring Referr
59025NH0290001	Harvard Pilgrim ElevateH	59025NH029		NHN002	NHS002	NHF002	New	HMO	Gold	Yes	Both	No	Yes	A referral is r

Cost Sharing

CMS has updated the maximum annual limits on cost sharing in the NBPP in 2020 as follows:

	2020		2021	
	Self-Only	Other Than Self-Only	Self-Only	Other Than Self-Only
Maximum Annual Limit on Cost Sharing	$8,150	$16,300	$8,550	$17,100
Reduced Annual Limit on Cost Sharing for Individuals between 100% and 150% of the Federal Poverty Level (FPL)	$2,700	$5,400	$2,850	$5,700
Reduced Annual Limit on Cost Sharing for Individuals between 150% and 200% of the FPL	$2,700	$5,400	$2,850	$5,700
Reduced Annual Limit on Cost Sharing for Individuals between 200% and 250% of the FPL	$6,500	$13,000	$6,800	$13,600

Awaiting IRS Guidance on HSA Limits

Prescription Drugs

Health plans must have a process to allow an enrollee to request and gain access to clinically appropriate drugs not otherwise covered by the health plan, including:

1. An **internal review**
   - 48-hour timeline under NH law
2. An **external review**
3. The ability to **expedite reviews**
   - 24-hour timeline

If an exception request is granted, the excepted drug(s) are treated as an EHB, including counting any cost sharing towards the plan's annual limitation on cost sharing.

- For 2021, all carriers must accept and use the NH Standard Prior Authorization RX form: https://www.nh.gov/insurance/legal/documents/nhstandard-rx-pa-form.pdf

Consumer Billing Protections

Issuers are expected to ensure compliance with consumer billing protections. As a reminder:

- NHID issued a bulletin in July 2019 in response to the passage of SB 11 which amended RSA 417-F, Coverage for Emergency Services. The NHID bulletin sets forth guidance on the reimbursement for emergency room boarding and details the requirements of SB 11, including that issuers must "*pay the acute care hospital a per diem day rate required to board and care for the patient, to be contracted between the insurer and acute care hospital*.."
- NHID issued a bulletin in July 2019 related to enforcement of *HB 1809: NH Balance Billing and Network Adequacy Laws.* This bulletin reminds issuers of the amendment to H. Code of Admin. R. Chapter Ins 2701 and requires issuers *"assure that providers whose services are integral to care in a hospital or similar facility either be included in their networks, or that these integral services be provided with no additional cost sharing."*

Federal Policy Proposals

Issuers should be aware of several federal policy proposals that could impact plan designs and enrollees:

Drug Manufacturer Coupons: Under the 2021 proposed rule, issuers would no longer be required to, but could, count drug manufacturer coupons toward a consumer's out-of pocket maximum. This flexibility applies whether the drug is a brand name or generic drug.

Value Based Insurance Proposals: As proposed in the 2021 guidance from CMS, QHPs could implement some or all the VB insurance design proposals, but implementation would not result in any preference or distinction on healthcare.gov.

Transition Plans

On January 31st, CMS issued updated guidance extending its limited non-enforcement policy applicable to transition plans.

- CMS guidance
  - Applies in the individual and small group markets
  - CMS allows renewal through October 1, 2021, but stipulates coverage renewed under the guidance must come into compliance by January 1, 2022
- New Hampshire distinction
  - New Hampshire will allow renewals under the new guidance; however, carriers must also comply with NH Law that does not permit renewals for less than a 12-month period.

New Hampshire Legislative Process

In a typical year, the New Hampshire legislative process ends by June 30th. The legislature has suspended activities through May 4th and its status for the remainder of 2020 is unknown.

- When or if the legislature reconvenes, the effective date of bills may vary and are at the discretion of the legislature (e.g., upon passage, 60 days after passage, some other date certain, etc.).
- This dynamic results in the Department sending notifications to each issuer to make last minute changes in order to be certified.

Given the unprecedent nature of current events, the Department wants to thank all issuers in advance for their understanding. The Department will notify all issuers of any potential changes as soon as possible.

Elimination of Certain Requirements for PY2021

The Department appreciates the additional challenges issuers will face as the result of the COVID-19 pandemic. We have eliminated the following requirements for PY2021 to assist:

- Issuers will not be required to submit notices of mid-year formulary changes to NHID through SERFF.
- SHOP plan crosswalk will not be required.
- Issuers will not be required to submit a separate NH Summary Template (Acute Care Hospital List).
  - Clearly identify participating hospitals in Network Adequacy template filing

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