The State of New Hampshire
Insurance Department
56 Old Suncook Road
Concord NH 03301-5151

Roger A. Sevigny
Commissioner

Alex Feldvebel
Deputy Commissioner

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BULLETIN
Docket No.: INS No. 04-007-AB

TO: All New Hampshire Licensed Health Insurance Companies, Health Maintenance Organizations, Fraternal Benefit Societies and Third Party Administrators

FROM: Roger A. Sevigny
Insurance Commissioner

DATE: February 24, 2004

RE: Supplemental Reporting

Background

Pursuant to RSA Chapter 400, the Insurance Commissioner has the authority to prescribe the format and content of financial and other reports filed by licensed insurers in New Hampshire. The reports submitted by licensed carriers and other entities are important to evaluate the financial solvency of carriers operating in New Hampshire as well as to understand the characteristics of New Hampshire's insurance markets.

The Commissioner initiated an annual statement supplemental reporting requirement in 2002, INS No. 02-001-AB.   Since the supplemental reporting requirement's implementation, the Department has received a number of comments concerning its requirements.   In response, the Department has revisited the supplemental reporting requirements.

This bulletin repeals and replaces INS No. 02-001-AB.

Changes in Requirements

A summary of the major changes from the prior set of requirements follows. Details are provided in the sections that follow.

The Department has eliminated the requirement for companies writing less than $250,000 in Accident and Health Insurance Premiums in New Hampshire, as reported on the company's Annual Statement, Schedule T, or its equivalent to include data records with their required supplemental report. For companies that do not file a schedule analogous to Schedule T, e.g. TPA's, the entity is similarly exempt from the data record requirement if it administers health insurance programs for fewer than 200 lives. While these companies are exempt from including data records with their supplemental report, these companies are still required to file a supplemental report with the Department. The requirement to file, in these instances, would be met, by filing a supplemental report containing only a transimittal record. Supplemental reports containing only a transmittal record, and containing no data records, are called null reports. The Department has developed a Microsoft Excel Worksheet template[1] to facilitate this filing requirement.

The Department has streamlined the reporting requirements and clarified the required data elements for companies writing only disability income, long term care and other types of health insurance not otherwise subject to the statutory requirements of RSA 420-G. Many of the comments received expressed confusion regarding the applicability of the reporting requirements to these other types of health insurance.

Applicability

All carriers licensed to write accident and health insurance in the state of New Hampshire must submit a supplemental report. Carriers writing less than $250,000 in accident and health premiums in New Hampshire need only file a null report. A carrier is licensed to write accident and health insurance if it has a Paragraph 4 authorization on its New Hampshire license. All TPA's must file a supplemental report. TPA's with fewer than 200 lives need only file a null report.

Definitions

     (a)   "Certificate holder" shall have its usual and customary meaning for insurance writers and their written coverage. For employer sponsored group coverage, the employee shall be the certificate holder. For individual coverage, the policyholder shall be the certificate holder. For

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[1] http://www.nh.gov/insurance/News/Bulletin/RegistrationOnly_04_007AB.xlt

other types of group coverage, the certificate holder shall mean the person who is the principal insured. For example, for Credit Accident and Health Insurance, the certificate holder shall be the primary debtor.

(b)   "Claims paid" shall be calculated as prescribed for the carrier's Statement of Revenue and Expenses, or its equivalent, which is a required component of the annual statement filing. For carriers filing the NAIC Health blank, claims paid shall be computed consistently with the amount reported on Line 15 of the Statement of Revenue and Expenses. For carriers filing the NAIC Life blank, claims paid shall be computed consistently with the amount reported on line 1.1 of Exhibit 8 Part 2. The commissioner may approve the use of a reasonable proxy upon the carrier's provision of documentation demonstrating that the use of the same does not materially distort the carrier's data submission. For third party administrators, claims paid shall mean amounts disbursed pursuant to contractual requirements.

(c)   "Covered lives" shall include all individuals, employees and dependents for which the health carrier has an obligation to adjudicate, pay or disburse claim payments. For employer sponsored group coverage, covered lives would include certificate holders and their dependents.

(d)   "Data" means factual information used as a basis for calculation or measurement.

(e)   "Database" means a collection of data organized especially for search and retrieval.

(f)   "Health carrier" shall mean any licensed insurance company with a Paragraph 4 authorization on its New Hampshire license. Licensed entities include Life Insurance Companies, Property & Casualty Insurance Companies, Health Maintenance Organizations, Fraternal Benefit Societies and Non-profit Health Service Corporations. Health carrier shall also include Third Party Administrators (TPA's), including TPA's licensed pursuant to RSA 402-H, as well as entities authorized to act as a TPA, but who are exempt from the formal TPA licensing process.

(g)   "Null report" shall mean a supplemental report that contains only a transmittal record.

(h)   "Policy" shall have its usual and customary meaning for insurance writers. For employer sponsored group coverage, where the coverage is

written directly for the employer's benefit plan, the employer shall be considered the policyholder. For employer sponsored group coverage, issued to a MEWA, multiple employer welfare association, the policyholder shall be considered the MEWA. For association business, each member employer shall be considered as a separate policyholder. Third party administers shall determine policyholders in a like manner.

(i)   "Premium" shall be calculated as prescribed for the carrier's Statement of Revenue and Expenses, or its equivalent, which is a required component of the annual statement filing. For carriers filing the NAIC's blanks, premium shall be calculated in a manner consistent with the amount reported on Schedule T. The Commissioner may approve the use of a reasonable proxy upon the carrier's provision of documentation demonstrating that the use of the same does not materially distort the carrier's data submission. For third party administrators, premium shall mean the amount of revenue collected from contracted accounts, including funds collected to provide for claims and expenses associated with the employer's benefit plan. For this purpose, expenses shall include those fees or charges for which the TPA is responsible as well as fees and charges the TPA collects to administer the business.

Tabulation Methods – Other than Medical Expense Type Insurance

Carriers writing Long Term Care Insurance (LTC), Disability Income Insurance (DI), Credit Accident and Health Insurance (Credit), or other types of accident and health insurance not generally classified as Medical Expense shall follow the methods and procedures delineated in this section. Carriers writing stop-loss, or group excess loss, insurance plans shall also follow the methods and procedures delineated in this section.

Carriers writing less than $250,000 in total accident and health insurance premiums in New Hampshire and TPA's administering health insurance coverage for fewer than 200 lives need only file a null report. All other carriers subject to this section shall prepare a file that contains one transmittal record, record type T, data records, record type E and, if necessary, note records, record type N.

Data required for the data records shall be tabulated using the following business characteristics.

> ➢ All policies shall be assigned a Coverage Category code from the table affixed in Attachment B of this bulletin.

> ➢ All policies shall be assigned a Market code from the table affixed in Attachment C of this bulletin.

Carriers shall tabulate and report total values for each of the following data for each unique combination of business characteristics listed above, and by county:

> ➢ Premium ;
> ➢ Claims ;
> ➢ Number of Policies ;
> ➢ Number of Certificate Holders ;
> ➢ Number of Covered Lives .

The Department recognizes that there may be instances where more than one carrier is involved in the administration of a given policy. The following guidelines shall help clarify which carrier has the responsibility to include such a policy in its tabulation.

> ⭘ Data on reinsurance policies shall not be tabulated; and shall not be included with the results summarized and sent via the required supplemental report;
> ⭘ Carriers writing risks shall be responsible for submitting information on policies written. Carriers responsible only for the policies' administration shall not be responsible for tabulating data on policies that they administer and that are written on another carrier's paper.
> ⭘ TPA's or other carriers administering an employer sponsored health insurance benefit plan shall follow the guidelines for Medical Expense Type Insurance below. TPA's must file a supplemental report for this type of activity regardless of whether a carrier is filing information for the same employer because of the employer's purchase of stop-loss coverage.
> ⭘ Similarly, the stop loss writer must file the information prescribed in this section regardless of whether of a TPA is filing a supplemental report for the same employer.

Tabulation Methods – Medical Expense Type Insurance

Carriers writing indemnity health insurance, managed care health insurance, or other types of accident and health insurance generally classified as Medical Expense shall follow the methods and procedures delineated in this section. Carriers administering Medical Expense type plans that are funded by an employer for the benefit of its employees, e.g. TPA's administering self funded plans, shall also follow the methods and procedures delineated in this section.

Carriers writing less than $250,000 in total accident and health insurance premiums in New Hampshire and TPA's administering health insurance coverage for

fewer than 200 lives need only file a null report. All other carriers subject to this section shall submit a file which contains one transmittal record, record type T; data records, record type D; and, if necessary, note records, record type N.

Data required for the data records shall be tabulated using the following business characteristics.

> All policies shall be assigned a Coverage Category code from the table affixed in Attachment E of this bulletin.
> All policies shall be assigned a Market code from the table affixed in Attachment F of this bulletin.
> All policies shall be assigned a County code from the table affixed in Attachment D of this bulletin. A translation table, relating 5-digit zip codes to county codes, has been affixed in Attachment D of this bulletin. The Department shall also make an MS Excel spreadsheet[2] available on its website of the same. The county code shall be set, or assigned, based on the geographic location of the policyholder.
> All certificate holders shall be assigned a County code from the table affixed in Attachment D of this bulletin. A translation table relating 5-digit zip codes to county codes, has been affixed in Attachment D of this bulletin. The Department shall also make an MS Excel Spreadsheet[3] available on its website of the same. Note, the codes for certificate holder location are the exactly the same as the codes to be used for policyholder location. The county code shall be set, or assigned, based on the geographic location of the certificate holder.

Carriers shall tabulate and report total values of each of the following data for each unique combination of business characteristics delineated above:

> Premium;
> Claims;
> Number of Policies;
> Number of Certificate Holders;
> Number of Covered Lives.

The Department recognizes that there may be instances where more than one carrier is involved in the administration of a given policy. The following guidelines shall help clarify which carrier has the responsibility to include such a policy in its tabulation.

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[2] http://www.nh.gov/insurance/News/Bulletins/zipcodetranslation_04_007AB.xls
[3] http://www.nh.gov/insurance/News/Bulletins/zipcodetranslation_04_007AB.xls

- Data on reinsurance policies shall not be tabulated, and shall not be included with the results summarized and sent via the required supplemental report;
- Carriers writing risks shall be responsible for submitting information on policies written. Carriers responsible only for the policies' administration shall not be responsible for tabulating data on policies that they administer and that are written on another carrier's paper.
- Carriers administering self-funded employer plans shall be responsible for tabulating and submitting the required information for such plans regardless of whether the plan has purchased a stop-loss, or group excess, insurance policy.
- Carriers writing stop-loss, or group excess, insurance shall be responsible for tabulating and submitting the required information for such plans regardless of whether the plan is being administered by a third party administrator. Carriers writing stop-loss, or group excess, insurance shall follow the guidelines and methods prescribed for Other than Medical Expense Insurance.

Companies that write both Medical Expense Type and Other than Medical Expense Type Insurance

These companies shall follow the protocols described above as for each applicable insurance type. There shall be only one supplemental report submitted for each licensee. The supplemental report shall contain exactly one transmittal record, record type "T"; data records, as needed, record types "D" and/or "E"; and notes records, as needed, record type "N".

Tabulation Issues

Methods used to tabulate and allocate premium by the prescribed business characteristics must be consistent with the methods used by the carrier to set premium rates. The following example illustrates one method of premium allocation based on an assumed method for premium rate development using small group health insurance underwriting factors. Carriers using alternative methods to price their business from the method illustrated herein shall make appropriate adjustments to the way data is tabulated for their supplemental report. The illustrated factors are not necessarily representative of what the Department finds to be appropriate or acceptable factors for use in pricing. In this hypothetical example[4], the carrier has one small employer health insurance policy on its books. There are 4 employees. The employer is located in a location referenced by county code D. For simplicity purposes, the fiscal year, e.g. the year for which data is gathered, is assumed to be coterminous with the policy year.

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[4] http://www.nh.gov/insurance/News/Bulletins/hypothetical_example_04_007AB.xls

Methods used to tabulate and allocate covered lives by the prescribed business characteristics shall be based on actual counts where possible. If the carrier is unable to provide actual counts, estimates shall be consistent with the methods used by the carrier to set premium rates. For example, if the carrier does not have actual counts of covered lives and the carrier uses a membership type pricing methodology, and assumes a fixed number of covered lives, i.e. 3.5, for each employee electing family type coverage, then that carrier shall calculate covered lives associated with certificate holders electing family type coverage by multiplying the number of such certificate holders by this fixed number, i.e. 3.5.

Carriers shall not use any methods of estimation, other than for the calculation of premium and the calculation of covered lives, without the prior written approval of the Department. Such a request shall be accompanied by an explanation as to why actual results cannot be tabulated and an explanation of the proposed estimation method.

Acceptable Methods for Submission

All supplemental reports are processed electronically. Carriers are required to submit the supplement report using one of the following optional methods:

1. Carriers may create an ASCII, e.g. text type file (*.txt). The file must conform to the file specifications provided as Attachment A to this bulletin. The file must have a file type extension of txt. The file must have a file name that is named SIR<Company Code>.txt. For example, if the Company Code is 03295, the file name must be SIR03295.txt. For a TPA, if the TPA license number is T3295, then the file name must be SIRT3295.txt.

2. Carriers needing only to file a null report may create a Microsoft Excel Workbook using the Registration Only template. Workbooks must be created using the Department developed Excel templates which is available for download[5] from the Department's website. Workbooks created using the Registration Only template shall be named SNR<Company Code>.xls. For example, if the Company Code is 03295, the workbook based on the Registration Only template shall be named SNR03295.xls. For a TPA, if the TPA license number is T3295, the workbook based on the Registration Only template shall be named SNRT3295.xls. If the carrier is filing an ASCII, e.g. text type file (*.txt) null report, the file shall be named SNR<Company Code>.txt.

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[5] http://www.nh.gov/insurance/News/BulletinRegistrationOnly_04_007AB.xlt

All supplemental reports shall be transmitted via electronic mail to the Insurance Department. Supplemental Reports shall be mailed to requests@ins.nh.gov. All such correspondence shall use the following text as the subject header, "ATTN: Statistician, Insurance Department Supplemental Report".

Confidentiality

(a)   Each company or person from whom information is sought shall provide the information to the commissioner.

(b)   The Supplemental Report filed by each health carrier shall be maintained as a confidential document, but shall not be deemed to limit the commissioner's authority to use or disclose such information which the commissioner in the exercise of his/her duty may deem appropriate pursuant to RSA 400-A:25.

Any questions should be directed to David Sky, Life, Accident and Health Actuary at david.sky@ins.nh.gov.

Attachment A

These are specifications for submission by ASCII variable length file. The file shall consist of different record types, each having its own specific record layout.

The first record type shall be the transmittal record and shall conform to the following specifications. Each file shall contain only one transmittal record.

Field Number	Start Byte	End Byte	Field Name	Field Type	Field Length	Description
1	1	1	Record Type	Character	1	Set to "T"
2	2	6	Company Code	Character	5	NAIC Company Code or NH License Number
3	7	10	Reporting Year	Number	4	The fiscal year from which these data were gathered.
4	11	15	Fiscal Year End Date	Character	4	Use MMDD format.
5	16	45	Contact Person Last Name	Character	30	
6	46	65	Contact Person First Name	Character	20	
7	66	115	Contact Person Mailing Address Line One	Character	50	
8	116	165	Contact Person Mailing Address Line 2	Character	50	
9	166	195	Contact Person Mailing City	Character	30	
10	196	197	Contact Person Mailing 2-letter State Abbreviation	Character	2	

Field Number	Start Byte	End Byte	Field Name	Field Type	Field Length	Description
11	198	206	Contact Person Mailing Zip Code	Character	9	Use ZIP+4 without the hyphen mark. If ZIP+4 is unknown, use zeros for the last 4 characters.
12	207	226	Contact Person Direct Voice Phone Number	Character	20	If there is an extension, use the character 'x' to separate the phone number from the extension. For example, 8005551212x9000
13	227	255	Contact Person e-mail address	Character	29	

The second record type shall be the Notes record. The file may contain as many notes records as the carrier deems necessary. Notes records shall be used to relay information to the Department including, but not limited to, explanations of methods used to approximate the data and the reasons data needed to be approximated. Note records shall conform to the following specifications.

Field Number	Start Byte	End Byte	Field Name	Field Type	Field Length	Description
1	1	1	Record Type	Character	1	Set to "N"
2	2	255	Notes	Character	254	

The third record type shall be the Data record. The file may contain as many data records as necessary. Two descriptions of this record follow, one for medical expense type policies, and the second for policies other than medical expense type. The physical specifications are the same in both cases, but the meanings of some fields differ.

For reporting **Medical Expense Type Policies**:

Field Number	Start Byte	End Byte	Field Name	Field Type	Field Length	Description
1	1	1	Record Type	Character	1	Set to "D"
2	2	4	Coverage Category Code	Character	3	See Attachment E for Valid Codes.
3	5	7	Market Category Code	Character	3	See Attachment F for Valid Codes.
4	8	8	Policyholder Geographic Location	Character	1	See Attachment D for valid codes.
5	9	9	Certificate Holder Geographic Location	Character	1	See Attachment D for valid codes.
6	10	19	Policy Count	Number	10	Number of policies described in fields 3 through 6.
7	20	29	Certificate Holder Count	Number	10	Number of certificate holders of policies described in fields 3 through 6.
8	30	39	Covered Lives Count	Number	10	Number of covered lives for policies described in fields 3 through 6.
9	40	54	Premium	Number	15	Round to the nearest whole dollar.
10	55	69	Claims	Number	15	Round to the nearest whole dollar.

For reporting categories of policies **Other than Medical Expense Type:**

Field Number	Start Byte	End Byte	Field Name	Field Type	Field Length	Description
1	1	1	Record Type	Character	1	Set to "E"
2	2	4	Coverage Category Code	Character	3	See Attachment B for Valid Codes.
3	5	7	Market Category Code	Character	3	See Attachment C for Valid Codes.
4	8	17	Policy Count	Number	10	Number of policies described in fields 3 and 4
5	18	27	Certificate Holder Count	Number	10	Number of certificate holders of policies described in fields 3 and 4 .
6	28	37	Covered Lives Count	Number	10	Number of covered lives for policies described in fields 3 and 4
7	38	52	Premium	Number	15	Round to the nearest whole dollar.
8	53	67	Claims	Number	15	Round to the nearest whole dollar.

Attachment B
Coverage Category Codes – Other than Major Medical Expense

All coverage category character codes are exactly three characters. Carriers shall use the codes listed herein.

For stop-loss, or group excess loss insurance, carriers shall use STL.

For stand-alone dental insurance, e.g. dental insurance not sold in conjunction with any major medical expense coverage, carriers shall use a code of DEN.

For specified disease insurance, as defined per NHCAR Part Ins 1901.03 (b) (7), carriers shall use a code of DIS.

For accident only insurance, as defined per NHCAR Part Ins 1901.03 (b) (6), and for specified accident insurance, as defined per NHCAR Part Ins 1901.03 (b) (8), carriers shall use a code of ACC.

For short-term disability income insurance, as defined per NHCAR Part Ins 1901.03 (b) (5) and with benefit periods not exceeding one year, carriers shall use a code of STD.

For long term disability insurance, as defined per NHCAR Part Ins 1901.03 (b) (5) and with benefit periods of at least one yea, carriers shall use a code of LTD.

For hospital indemnity insurance, as defined per NHCAR Part Ins 1901.03 (b) (4), carriers shall use a code of HIN.

For basic hospital expense insurance, as defined per NHCAR Part Ins 1901.03 (b) (1), carriers shall use a code of HEX.

For basic medical-surgical expense, as defined per NHCAR Part Ins 1901.03 (b) (2), carriers shall use a code of PEX.

For long term care insurance, as defined per RSA 415-D:3 V, carriers shall use a code of LTC.

For Medicare supplement insurance, as defined per RSA 415-F:1 VI, carriers shall use a code of MSR.

For Medicare+Choice insurance, NHCAR Part Ins 1905.03 (k), carriers shall use a code of M+C.

For insurance sold to protect the health of Medicaid eligibles, generally purchased by state governments, carriers shall use a code of MCD.

For credit accident and health insurance, as defined per RSA 408-A:2 III (b), carriers shall use a code of CRD.

For short-term non-renewable health insurance, as defined per RSA 415:5 III, carriers shall use a code of STN.

For all other types of insurance, carriers shall use a code of OTH.

Attachment C
Market Category Codes – Other than Major Medical Expense

All market category character codes are exactly three characters. Carriers shall use the codes listed herein.

For policies sold and issued directly to individuals, other than those sold on a franchise basis, as defined per RSA 415:19, carriers shall use a code of IND.

For policies sold and issued directly to individuals on a franchise basis, as defined per RSA 415:19, carriers shall use a code of FCH.

For policies sold and issued directly to groups, carriers shall use a code of GRP.

Attachment D
County Codes

For reference purposes, the codes assigned to the New Hampshire counties are:

County	County Code
Belknap	B
Carroll	L
Cheshire	E
Coos	S
Grafton	G
Hillsborough	H
Merrimack	M
Rockingham	R
Strafford	D
Sullivan	N

Translation Table – Five digit Zip Codes to NH County Codes

From	Through	County	Code
03031		Hillsborough	H
03032		Rockingham	R
03033		Hillsborough	H
03034	03042	Rockingham	R
03043		Hillsborough	H
03044		Rockingham	R
03045		Hillsborough	H
03046		Merrimack	M
03047	03052	Hillsborough	H
03053		Rockingham	R
03054	03071	Hillsborough	H
03073		Rockingham	R
03076		Hillsborough	H
03077	03079	Rockingham	R
03082	03086	Hillsborough	H
03087		Rockingham	R
03101	03105	Hillsborough	H
03106		Merrimack	M
03107	03111	Hillsborough	H
03215		Grafton	G
03216		Merrimack	M
03217		Grafton	G

From	Through	County	Code
03218	03220	Belknap	B
03221		Merrimack	M
03222	03223	Grafton	G
03224		Merrimack	M
03225	03226	Belknap	B
03227		Carroll	L
03229	03231	Merrimack	M
03232		Grafton	G
03233	03235	Merrimack	M
03237		Belknap	B
03238	03241	Grafton	G
03242	03243	Merrimack	M
03244		Hillsborough	H
03245		Grafton	G
03246	03249	Belknap	B
03251		Grafton	G
03252	03253	Belknap	B
03254		Carroll	L
03255		Merrimack	M
03256		Belknap	B
03257	03258	Merrimack	M
03259		Carroll	L
03260		Merrimack	M
03261		Rockingham	R
03262		Grafton	G
03263		Merrimack	M
03264	03266	Grafton	G
03268		Merrimack	M
03269		Belknap	B
03272	03273	Merrimack	M
03274		Grafton	G
03275		Merrimack	M
03276		Belknap	B
03278		Merrimack	M
03279		Grafton	G
03280		Sullivan	N
03281		Hillsborough	H
03282		Grafton	G
03284		Sullivan	N
03287		Merrimack	M
03289		Belknap	B
03290	03291	Rockingham	R
03293		Grafton	G

From	Through	County	Code
03298	03299	Belknap	B
03301	03307	Merrimack	M
03431	03435	Cheshire	E
03440		Hillsborough	H
03441		Cheshire	E
03442		Hillsborough	H
03443	03448	Cheshire	E
03449		Hillsborough	H
03450	03457	Cheshire	E
03458		Hillsborough	H
03461	03467	Cheshire	E
03468		Hillsborough	H
03469	03470	Cheshire	E
03561		Grafton	G
03570		Coos	S
03574		Grafton	G
03575	03579	Coos	S
03580		Grafton	G
03581	03584	Coos	S
03585		Grafton	G
03587	03598	Coos	S
03601		Sullivan	N
03602		Cheshire	E
03603		Sullivan	N
03604		Cheshire	E
03605	03607	Sullivan	N
03608	03609	Cheshire	E
03740	03741	Grafton	G
03743	03746	Sullivan	N
03748	03750	Grafton	G
03751	03754	Sullivan	N
03755	03769	Grafton	G
03770		Sullivan	N
03771		Grafton	G
03772	03773	Sullivan	N
03774	03780	Grafton	G
03781	03782	Sullivan	N
03784	03785	Grafton	G
03801	03804	Rockingham	R
03805		Strafford	D
03809	03810	Belknap	B
03811		Rockingham	R
03812	03814	Carroll	L

From	Through	County	Code
03815		Strafford	D
03816	03818	Carroll	L
03819		Rockingham	R
03820	03825	Strafford	D
03826	03827	Rockingham	R
03830	03832	Carroll	L
03833		Rockingham	R
03835		Strafford	D
03836		Carroll	L
03837		Belknap	B
03838		Carroll	L
03839		Strafford	D
03840	03844	Rockingham	R
03845	03847	Carroll	L
03848		Rockingham	R
03849	03850	Carroll	L
03851	03852	Strafford	D
03853		Carroll	L
03854		Rockingham	R
03855		Strafford	D
03856	03859	Rockingham	R
03860		Carroll	L
03862		Rockingham	R
03864		Carroll	L
03865		Rockingham	R
03866	03869	Strafford	D
03870	03871	Rockingham	R
03872		Carroll	L
03873	03874	Rockingham	R
03875		Carroll	L
03878		Strafford	D
03882	03883	Carroll	L
03884		Strafford	D
03885		Rockingham	R
03886		Carroll	L
03887		Strafford	D
03890	03897	Carroll	L

Attachment E
Coverage Category Codes – Major Medical Expense

All coverage category character codes are exactly three characters. Carriers shall use the codes listed herein.

For major medical expense insurance, as defined per NHCAR Part Ins 1901.03 (b) (4), which is not subject to the provisions of RSA 420-J, carriers shall use a code of IND.

For insurance that is subject to the provisions of RSA 420-J, carriers shall use a code of MCP.

For self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage, carriers shall use a code of ASW.

For self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess insurance coverage, carriers shall use a code of ASO.

Insurance sold to protect the health an employer's retiree pool shall not be considered major medical expense. Carriers shall report such business as other than major medical expense coverage and use the Medicare supplement insurance code of MSR.

Insurance sold to protect the health of Medicaid eligible individuals, generally purchased by state governments, shall not be considered major medical expense. Carriers shall report such business as other than major medical expense coverage and use the Medicaid related insurance code of MCD.

Attachment F
Market Category Codes – Major Medical Expense

All market category character codes are exactly three characters. Carriers shall use the codes listed herein.

For policies sold and issued directly to individuals, other than those sold on a franchise basis, as defined per RSA 415:19, and other than group conversion policies, as required per RSA 415:18 VII (a), carriers shall use a code of IND.

For policies sold and issued directly to individuals on a franchise basis, as defined per RSA 415:19, carriers shall use a code of FCH.

For policies sold and issued directly to individuals as group conversion policies, as required per RSA 415:18 VII (a), carriers shall use a code of GCV.

For policies sold and issued directly to employers having exactly one employee, carriers shall use a code of GS1.

For policies sold and issued directly to employers having between two and nine employees, carriers shall use a code of GS2.

For policies sold and issued directly to employers having between 10 and 25 employees, carriers shall use a code of GS3.

For policies sold and issued directly to employers having between 26 and 50 employees, carriers shall use a code of GS4.

For policies sold and issued directly to employers having between 51 and 75 employees, carriers shall use a code of GS5.

For policies sold and issued directly to employers having between 76 and 99 employees, carriers shall use a code of GS6.

For policies sold and issued directly to small employers through a qualified association trust carriers shall use a code of GSA.

For policies sold and issued directly to employers having 100 or more employees, carriers shall use a code of GLG.

For policies sold to other types of entities, carriers shall use a code of OTH.