



**The State of New Hampshire
Insurance Department**

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Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

**BULLETIN
Docket No.: INS 15-001-AB**

TO: All New Hampshire Licensed Health Insurance Companies and Health Maintenance Organizations

FROM: Roger A Sevigny

A handwritten signature in black ink, appearing to read "Roger A. Sevigny", is written over the printed name.

DATE: January 13, 2015

Re: 2015 Supplemental Reporting

Pursuant to RSA 400-A:36 and other provisions of Title XXXVII, 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 are required to evaluate the financial solvency of carriers operating in New Hampshire as well as to understand the characteristics of New Hampshire's insurance markets.

This bulletin is issued to outline, in addition to existing Supplemental Reporting requirements, the requirement that health insurers offering individual and small group coverage on the New Hampshire Federally Facilitated Marketplace (Marketplace) report monthly Marketplace Enrollment.

Instructions

Due the 20th for the month of January 2015 and the 15th of each month thereafter, the attached worksheet is to be completed and submitted through SERFF under the filing type "Marketplace Monthly Enrollment Report" using the Type of Insurance (TOI) "H21-Health Other", sub TOI "H-21.000 Health Other". The report is to be attached under the Supporting Documents tab.

A separate worksheet is required for each Product Type (TOI) (i.e. HMO, POS, PPO) and for each Network offered.

Enrollment data as reported by CMS to the carrier for the monthly inforce should be recorded under the corresponding month of the year for both the Individual worksheet and the SHOP Worksheet by Metal Level. Multiple plans under a metal level should be combined and reported as one number.

Adjustments for previous enrollment inforce numbers are to be reflected only as a part of the total enrollment for the current month reported.

Worksheets can be found as an attachment in SERFF under “Filing Requirements”.

Questions should be directed to Michael Wilkey, Director Compliance and Consumer Services, at Michael.wilkey@ins.nh.gov or by phone, (603) 271-2261, Ext. 330.

2015 QHP Monthly Membership Report
 (Due to NHID by the 15th of each month)
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Carrier: _____ Product Type: _____ Network: _____

Individual Plans	Platinum	Gold	Silver	Bronze	Catastrophic	Total Members
	January					
February						0
March						0
April						0
May						0
June						0
July						0
August						0
September						0
October						0
November						0
December						0

2015 QHP Monthly Membership Report
 (Due to NHID by the 15th of each month)
 (Page 2 of 2)

Carrier: _____ Product Type: _____ Network: _____

SHOP	Platinum	Gold	Silver	Bronze	Total Members	Total # Groups
	January					0
February					0	
March					0	
April					0	
May					0	
June					0	
July					0	
August					0	
September					0	
October					0	
November					0	
December					0	