



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261 Fax (603) 271-1406
TDD Access: Relay NH 1-800-735-2964

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

**BULLETIN
Docket No.: INS 15-002-AB**

TO: All New Hampshire Licensed Health Carriers and Dental Insurers

FROM: Roger A. Sevigny
Insurance Commissioner 

DATE: January 21, 2015

RE: New Hampshire Qualified Health Plan Bulletin to Issuers Planning to Offer Commercial Insurance and Premium Assistance Coverage on the NH Health Insurance Marketplace – 2016 Plan Year

This Bulletin is intended to provide information to health carriers and dental insurers as the Department continues to execute Plan Management functions for coverage offered through the New Hampshire Health Insurance Marketplace in the 2016 plan year. This bulletin recognizes that the Center for Medicare and Medicaid Services (CMS) is in the process of reviewing the New Hampshire Premium Assistance Program Section 1115 Waiver, which if approved would provide for coverage through Qualified Health Plans (QHPs) of New Hampshire Health Protection Program enrollees.

New Hampshire will continue to participate in the Federally Facilitated Marketplace under a Plan Management Partnership for plan year 2016.

The Department maintains the following Plan Management regulatory functions under the Partnership model:

- Licensure and solvency regulation;
- Rate and form review (including standards for essential health benefits, meaningful difference, all other benefit design standards, and actuarial value);
- Network adequacy (including essential community providers);
- Market conduct oversight (including marketing practices and unfair trade practices generally);
- Accreditation; and
- Quality rating (including quality improvement and enrollee satisfaction).

Carriers interested in offering plans on the New Hampshire Marketplace in 2016 are asked to submit a Letter of Intent to the New Hampshire Insurance Department by email to Marlene Sawicki, at marlene.sawicki@ins.nh.gov and include in the subject line: "Letter of Intent – NH Marketplace." Carriers are asked to use the template provided at the end of this bulletin and to submit their responses no later than January 30, 2015. The content of the Letters of Intent will be confidential and used for Marketplace QHP Certification planning purposes only.

While we encourage all carriers interested in applying for QHP certification to submit a Letter of Intent, failure to do so will not preclude a carrier from applying through the formal process. The Insurance Department will subsequently set up a meeting with intended issuers to begin to address pre-filing issues, with later meetings geared towards discussing requirements for 2016 QHP Plan Management review, including any requirements associated with the PAP program. Additional information will be issued by the Department for 2016 QHP Certification submissions, to include required timelines, in the near future. In addition, in the event CMS approves the pending Section 1115 waiver, the Department will issue guidance explaining any legal requirements that are associated with the PAP program.

All carriers with questions about marketplace participation or about any ACA-related issue are invited to submit those questions in writing by email as soon as practicable to Michael Wilkey, Director of Compliance and Consumer Services, at michael.wilkey@ins.nh.gov and note in the subject line: "Questions – NH Health Insurance Marketplace." The Department will use these questions to create a Frequently Asked Questions release that will be posted on the Department's web site. Michael Wilkey can also be reached at: (603) 271-2261, Ext. 330.

* * *

Information to be included in issuer Letter of Intent regarding participation in the New Hampshire Exchange Marketplace:

1. Issuer Contact Information:
 - a. Formal Company name, physical and mailing addresses, company phone, email,
 - b. Person authorized by the company to act on its behalf regarding the New Hampshire Exchange Marketplace (name, title, location, phone, email), and
 - c. Back-up contact name, title, phone and email.
2. Does the Issuer intend to participate/offer plans in:
 - a. Individual Exchange
 - b. SHOP Exchange
 - c. Both.
3. Does the Issuer currently hold a certificate of authority or is the Issuer currently licensed to write health insurance in New Hampshire? If no, please indicate the date the Issuer intends to apply for a certificate of authority/license.
4. Please indicate the anticipated number of distinct health plans the Issuer will submit for each of the following metal levels: Bronze, Silver, Gold, Platinum, Catastrophic, and Stand-alone Pediatric Dental.
5. Does the Issuer currently have health insurance products that are accredited by URAC and/or NCQA? If so, please provide a list of each product and which accrediting agency has certified it.