



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-15-051-AB

TO: All New Hampshire Licensed Health Carriers and Dental Insurers

FROM: Roger A. Sevigny
Insurance Commissioner 

DATE: August 25, 2015

RE: Re-Issued Bulletin: Annual Redetermination Notice and Notice of Benefit Changes and Withdrawal

I. Introduction

On August 28, 2014, the NH Insurance Department issued Bulletin INS-14-023-AB to detail the process issuers must follow in New Hampshire to comply with redetermination notice requirements. Specifically, in accordance with the June 26, 2014 CMS proposed regulation on annual redetermination for Exchange Participation and Insurance Affordability Standards,¹ and pursuant to 45 CFR §147.106 and §156.1255, issuers offering health insurance coverage in the group and individual markets, through or outside the New Hampshire Health Marketplace, were required under the 2014 bulletin to provide a renewal notice that gives consumers relevant information so they can make an informed decision about whether to keep their current plan or examine other health insurance options.

This bulletin reaffirms the Department's 2014 guidance, and also provides guidance regarding required notices of benefit changes for recertified plans, and required notices of withdrawal from the New Hampshire Health Marketplace.

II. Redetermination Notice Language Requirements

As noted in the New Hampshire Insurance Department's 2014 bulletin, the Department requires that carriers, in addition to meeting all federal requirements for annual redetermination notices, also include notification of the following in their notices:

¹ http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508_CMS-9941-P-OFRv-6-26-14.pdf

1. **A significant change in provider networks.** The Department will consider the deletion of a hospital from a carrier's network to be a significant change requiring notice to the consumer. The disclosure must appear on the first page in bold type, and include the name of the hospital(s).
2. For Marketplace individual coverage only, carriers must include the following notice:

“Recalculation of tax credits. Tax credits and cost-sharing reductions available through the NH Health Marketplace are recalculated each year based not only on individuals' changes in income, family size, etc., but also on the pricing of plans available for sale that year. By checking your options on healthcare.gov, you can ensure that you are choosing the plan that is best for you and that maximizes any tax credit or cost-sharing reductions to which you are entitled.

III. Notice of Benefit Changes for Recertified Plans

Starting January 1, 2016, the Department will examine renewed plans to ensure that they are within the regulatory parameters for uniform modification of benefits, including **benefit reductions**. Therefore, in addition to the notices described above, issuers should in their redetermination notices alert consumers to the **addition or removal of a benefit** from a plan, even if the plan is within the outlined parameters for renewal and falls within the regulatory parameters for uniform modification. For example, an issuer that adds embedded pediatric dental benefits to an existing plan should provide consumer notification of this change, even if it falls within parameters for uniform modification.

Issuers should make consumers aware of benefit changes in a consumer notice to be issued at the first allowable date prior to open enrollment for 2016. This requirement is in addition to all federally required notice language outlined in 45 CFR §146.152, §147.106, and §148.122. The disclosure should appear on the first page in bold type and include sufficient information for the average consumer to understand the nature of the change and to make an informed plan selection decision for 2016.

IV. Timeframe for Compliance

In the small group market, renewal notices shall be sent at least 60 days prior to the beginning of the new plan year. Individual market notices shall be sent no later than 30 days prior to the start of open enrollment. Discontinuance notices must be sent 90 days before discontinuance occurs. In accordance with the July 7, 2015 Guidance on Federal Standard Notices of Product Discontinuation and Renewal in Connection with the Open Enrollment Period for the 2016 Coverage Year,² New Hampshire will adopt the extension of the temporary safe harbor from enforcement of the 90-day requirement for notice of product discontinuance in the individual market. As such, for the 2016 coverage year, issuers will not be subject to enforcement for failing to provide a discontinuance notice related to individual market coverage at least 90 days prior to the discontinuance as long as the notice is provided before the first day of the next annual open enrollment period for non-grandfathered, non-transitional plans and at least 60 days before the date of renewal for grandfathered and transitional plans.

² <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-Notices-of-Product-Discontinuation-and-Renewal-for-the-2016-Coverage-Year.pdf>

V. Required Notice of Withdrawal

Starting January 1, 2016, any carrier withdrawing from the New Hampshire Health Marketplace must give notice to enrollees at least 60 days prior to the beginning of open enrollment. Additionally, pursuant to NH RSA 420-G:6(VII) and 45 CFR 147.106(d)(1), any carrier withdrawing from the individual market, small group market, large group market or any combination thereof must give notice to the Commissioner, each individual or employer with such coverage and all covered persons at least 180 calendar days prior to the date coverage will be discontinued.³

VI. Contact Information

Any questions related to this bulletin should be directed to Michael Wilkey, Director of Compliance and Consumer Services at the New Hampshire Insurance Department, at michael.wilkey@ins.nh.gov or by phone at (603) 271-2261 ext. 330.

³ Carriers withdrawing from the NH Health Marketplace must also comply with NH RSA 415:6(II)(8) regarding required notice and prior approval.

