



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. Seigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

BULLETIN Docket No.: INS-18-006-AB

To: All New Hampshire Licensed Health and Dental Insurers
From: Roger Seigny
Insurance Commissioner
Date: February 12, 2018
Re: Off-cycle Filing of Small Group Plans and Products

The New Hampshire Insurance Department has determined that it is in the interest of consumers and employers to allow the introduction of new small group plans more frequently than annually, a change from the Department's prior guidance. The Department will now accept form and rate filings for new small group products and plans with effective dates on the calendar quarter beginning July 1, 2018. This bulletin provides guidance on the procedures for making such submissions.

Previously, the Department required that Qualified Health Plan (QHP) issuers submit all small group plans during the annual QHP review process, and did not allow plans to be added after the 2018 plan year System for Electronic Rate and Form Filings (SERFF) submission. [See 2018 Plan Year QHP Issuer Bulletin](#), Docket No.: 017-017-AB issued on March 27, 2017 (Bulletin). Functionally, this restricted the filing and offering of small group business, even when offered by issuers off the federally-operated New Hampshire Health Insurance Marketplace (Marketplace), to plans and products submitted with an effective date of January 1, 2018. Specifically, the Department noted on page 4 in the Bulletin that "additional plans cannot be added to a QHP binder after it is submitted in SERFF. Additional plans, including cost-sharing reduction plan variations, would require a withdrawal and a complete resubmission of the QHP binder."

The Department will now accept form and rate filings for new small group products and plans with effective dates on the calendar quarter beginning July 1, 2018. The current requirement of no more than one binder per market remains in effect. Carriers wishing to file new small group plans should submit a request to the Department to reopen the binder for issuer submission of revised templates for plan identification codes, benefit designs, rate templates and, where

appropriate, new network templates. The single risk pool requirement remains in effect, and rate submissions must be made in accordance with Department and CMS guidance.

Products with new or revised networks or tiers must meet the requirements as set forth in the 2017 Plan Year QHP Issuer Bulletin and the requirements of Bulletin INS-18-005-AB Network Adequacy Submission Procedures as issued on February 2, 2018 and the requirements of PART Ins 2701 NETWORK ADEQUACY.

Issuers remain responsible for the transfer and loading of Plan Identification information with CMS.

Questions on this bulletin should be directed Michael.Wilkey@ins.nh.gov with questions on rates to David.Sky@ins.nh.gov and questions on network provider file specifications to Tyler.Brannan@ins.nh.gov.