



**The State of New Hampshire  
Insurance Department**

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Deputy Commissioner

**BULLETIN Docket No. INS 23-007-AB**

**TO:** All New Hampshire Licensed Health and Dental Insurers  
**FROM:** Commissioner Christopher R. Nicolopoulos, Esq. *C.R.N.*  
**DATE:** **April 14, 2023**  
**RE:** 2024 Plan Year Issuer Guidance

Issuers should note that the Bulletin reflects the guidance set forth in the proposed Notice of Benefit and Payment Parameters for 2024 (NBPP) and the draft 2024 Letter to Issuers in the federally-facilitated exchanges (Letter) but is subject to revision for further state and federal guidance.

Issuers planning to introduce a new product or network or discontinuing an existing plan in Plan Year 2024, are strongly urged to contact the Department as soon as possible, but no later than the initial filing deadline in May. Issuers should provide notice via email to: [INS-Requests@ins.nh.gov](mailto:INS-Requests@ins.nh.gov) with the subject heading of "PY2024 QHP Bulletin".

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## **I. Legal Authority**

The New Hampshire Insurance Commissioner “is charged with the rights, powers, and duties pertaining to the enforcement and execution of the insurance laws” of New Hampshire under NH RSA 400-A:3. The Commissioner has general rulemaking and enforcement authority with respect to regulation of the business of insurance in New Hampshire under NH RSA 400-A:15. Under New Hampshire law, the Insurance Department regulates licensing of health insurance related entities (NH RSA 400-A:15-h; NH RSA 402; NH RSA 420-A and NH RSA 420-B) and solvency of health insurers (NH RSA 400-A:36 and 37); reviews health insurance policy forms and benefit design (NH RSA 415, NH RSA 420-G); exercises prior approval authority over rates (NH RSA 415:1); monitors network adequacy and treatment of consumer claims (NH RSA 420-J); apply the standards, and enforce the consumer protections and market reforms set forth in the Affordable Care Act (ACA) (NH RSA 420-N:5) and has authority to take enforcement action with respect to violations of health insurance regulatory standards (NH RSA 415:20, NH RSA 420-G:16, NH RSA 420-J:14) and unfair trade practices (NH RSA 417), including health insurance marketing practices.

The federal ACA establishes the legal authority for qualified health plan (QHP) certification as well as other operational standards, codified in 45 CFR 155 and 156. To ensure full compliance with the ACA, issuers shall consult and comply with all applicable federal regulations, including, but not limited to, 45 CFR Subtitle A, Subchapter B, the NBPP, and the Letter.

## **II. Procedures and Timelines**

### *a. Form Filing Deadlines*

Health insurance issuers, as well as stand-alone dental issuers, requesting certification from the Centers for Medicare & Medicaid Services (CMS) must submit their initial applications (including all state-required templates, submissions, and form filings) with initial binder submissions no later than May 9, 2023.

### *b. Rate Filing Deadlines*

Issuers are permitted to file a rate template as a placeholder on or by May 9, 2023 and will be allowed to update the template prior to the initial rate filing deadline. Initial rate submissions must be finalized and submitted by June 12, 2023. Off-exchange only form and rate filings are due by July 12, 2023. Rate revisions for on-exchange plans are due on July 12, 2023. Final rate revisions are due by August 3, 2023.

The NHID will complete all reviews and make recommendations for certification by August 16, 2023. Any plan that is not certified under the below timeline (*Figure 1*) will be ineligible to be offered in the Marketplace during Plan Year 2024. Petition to the CMS is required for changes to service area after initial submission.

# NHID QHP Timeline Plan Year 2024, as of 3/17/2023

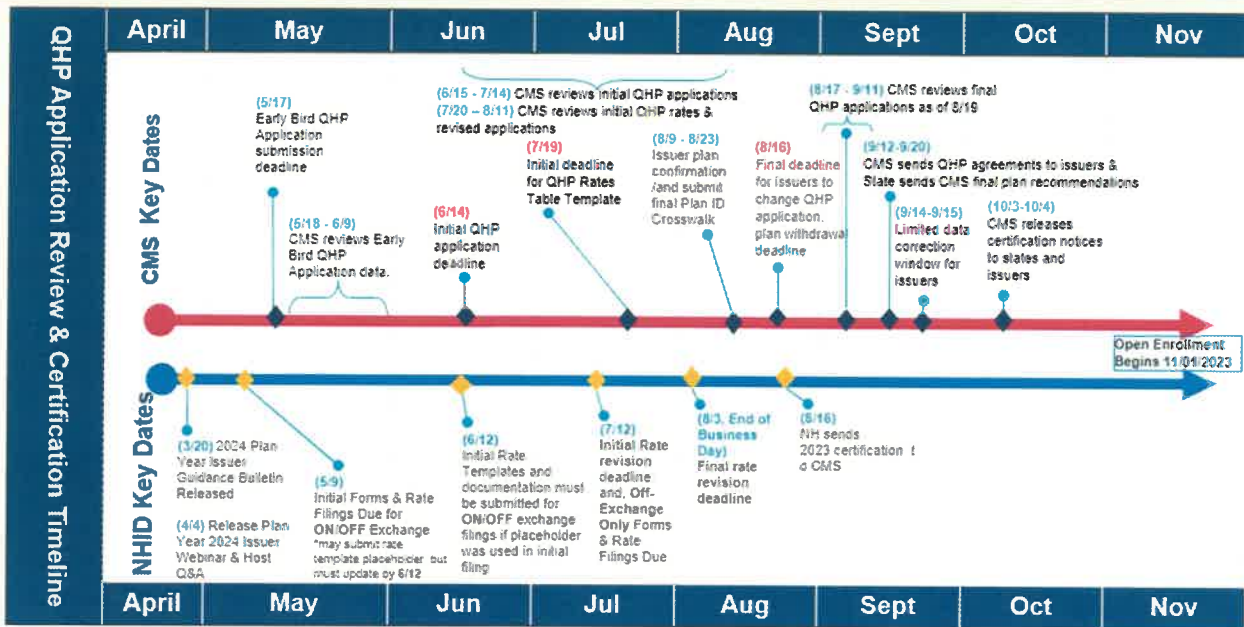


Figure 1: NHID QHP Timeline Plan Year 2024

### c. Rate Filing Procedures

New Hampshire’s Reinsurance Program (Program), which is supported by a Section 1332 State Innovation Waiver. For all years that the Program is in place (Plan Year 2021 through Plan Year 2025) and for federal pass-through funding calculation purposes, individual market issuers are required to file two sets of rates to include explanation of such rate assumptions in the actuarial memorandum for all plans eligible for participation in the Program.<sup>1</sup> Issuers should submit the following: a “with waiver” rate template that factors in the estimated impact of Program payments on rates and a “without waiver” rate template (into the Supporting Documentation tab) that shows the anticipated rates if there were no Program or Program payments. The “with waiver” rates must be reflective of the issuer’s estimate of the actuarial impact that the Program will have on the issuer’s plan(s) for the upcoming benefit year.

For each Plan Year that the program is in place, the NHID will post the Program parameters on its [website](#).

<sup>1</sup> All single risk pool individual market plans that comply with program requirements will be eligible for payments.

### III. Guidance to Issuers on Select QHP Requirements

#### a. Standardized Plans

Issuers must offer standardized plans for the 2024 plan year at every product network type and metal level throughout each service area at which they offer non-standardized plans except at the non-expanded bronze level. The following standardized plan designs were outlined by CMS in the proposed NBPP for 2024: one expanded Bronze plan, one Silver plan, one of each of the income-based Silver Cost-Sharing Reduction (CSR) plan variations, one Gold plan, and one Platinum plan. Issuers should consult the proposed NBPP – and the final NBPP when issued - for the detailed standardized plan requirements that apply in New Hampshire. The Draft NBPP proposes to limit the number of non-standardized plans options an issuer may offer on the Exchange to two non-standardized plan options per product network type and metal level in a service area. The New Hampshire Insurance Department will continually monitor any developments pertaining to non-standardized plan options.

#### b. Cost Sharing

As CMS does annually, it has updated the maximum annual limits on cost sharing. Issuers are expected to comply with the final cost sharing and maximum annual limits as set forth annually.

Category	2024	
	Self-Only	Other than Self-Only
Maximum Annual Limit on Cost-Sharing	\$9,450	\$18,900
Reduced Annual limit on Cost-Sharing for Individuals between 100% and 150% of the Federal Poverty Level (FPL)	\$3,150	\$6,300
Reduced Annual Limit on Cost-Sharing for Individuals between 150% and 200% of the FPL	\$3,150	\$6,300
Reduced Annual limit on Cost-Sharing for Individuals between 200% and 250% of the FPL	\$7,550	\$15,100

#### c. Prescription Drug Rebates

By July 1<sup>st</sup> of each year, and, unless extended, until July 1, 2024, issuers will be required to ensure compliance with RSA 415-A:7. Issuers must file a report with the New Hampshire Insurance Department demonstrating compliance with the law.

At a minimum, the report must detail how issuers comply with RSA 415-A:7, II by certifying:

- If rebates are remitted via 415-A:7, II (a), 415-A:7, II (b), or both.
- If remitted via 415-A:7, II (b), provide a brief explanation how rebates are applied to “its plan design and in future plan years to offset the premium for covered persons.”

The report may be submitted to the Department through SERFF or email at [NHDOI.LAHmarketreg@ins.nh.gov](mailto:NHDOI.LAHmarketreg@ins.nh.gov).

*d. Guaranteed Rates for Stand-Alone Dental Plans (SADPs)*

Beginning with certification for PY 2024, the Draft NBPP proposes requiring all SADP issuers to submit guaranteed rates for the plan year. In accordance with RSA 420-G:4, I(a) issuers offering pediatric dental as a component of EHB coverage are already required to submit guaranteed rates for pediatric dental benefits. If finalized as proposed, filing of guaranteed rates will be required for SADPs as well.

*e. Plan Name Requirements*

If finalized as proposed in the NBPP, QHP plans and plan variations with marketing names must include correct information and cannot be misleading. If the name for a plan and plan variation with marketing name include plan attributes, those attributes must match the information provided in the Plan & Benefits Template as well as other plan information submitted for approval.

**IV. Contact Information**

Please direct questions related to this Bulletin via email: [INS-Requests@ins.nh.gov](mailto:INS-Requests@ins.nh.gov) and add the subject heading of “PY2024 QHP Bulletin.”