The State of New Hampshire
Insurance Department
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BULLETIN
Docket #INS 24-018-AB

TO: All New Hampshire Licensed Health and Dental Insurers

FROM: Commissioner David J. Bettencourt

DATE: April 2, 2024

RE: 2025 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 2025 (NBPP) and the draft 2025 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 2025 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 to Victoria Fowler at the New Hampshire Insurance Department (NHID), Victoria.W.Fowler@ins.nh.gov or by phone at (603) 271-4080.

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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); applies the standards, and enforces 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 7, 2024.

b. Rate Filing Deadlines

Issuers are permitted to file a rate template as a placeholder on or by May 7, 2024, 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 10, 2024. Off-exchange only form and rate filings are due by July 10, 2024. Rate revisions for on-exchange plans are due on July 10, 2024. Final rate revisions are due by August 1, 2024.

The NHID will complete all reviews and make recommendations for certification by August 14, 2024. Any plan that is not certified under the below timeline (Figure 1)

will be ineligible to be offered in the Marketplace during Plan Year 2025. Petition to the CMS is required for changes to service area after initial submission.

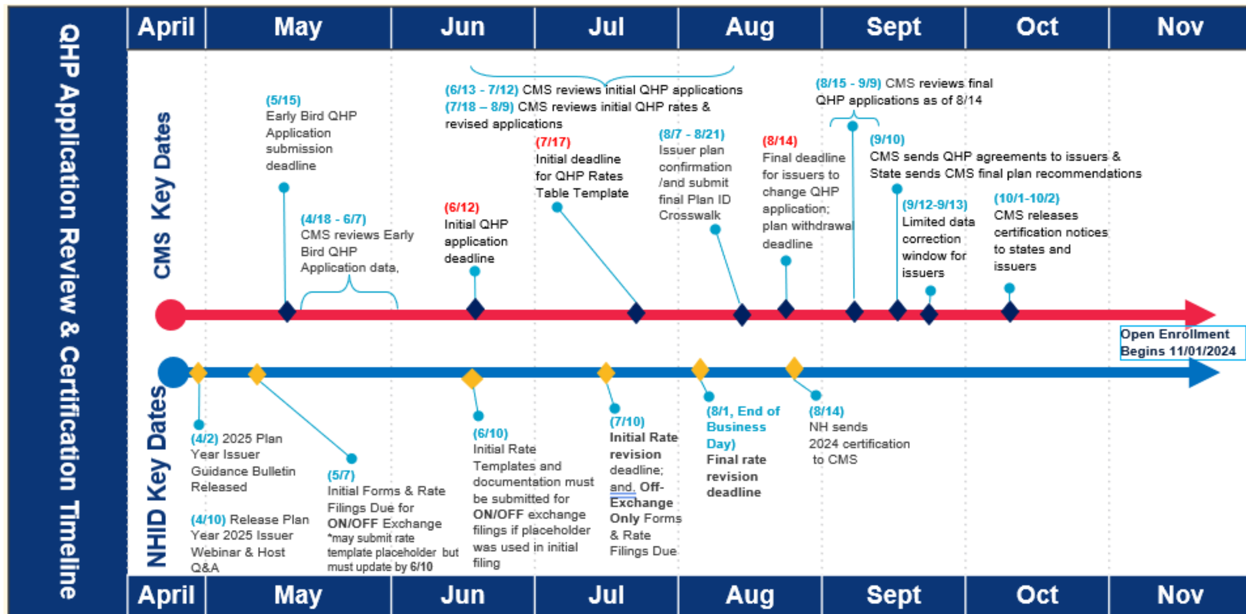

Figure 1: NHID QHP Timeline Plan Year 2025

c. Rate Filing Procedures

New Hampshire's Reinsurance Program (Program), which is supported by a Section 1332 State Innovation Waiver, remains in place for the individual market. 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.[1] Issuers should submit the following: (i) a "with waiver" rate template that factors in the estimated impact of Program payments on rates; and (ii) 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.

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[1] All single risk pool individual market plans that comply with program requirements will be eligible for payments.

For each Plan Year that the Program is in place, the Program parameters can be found on the New Hampshire Health Plan (NHHP) website.

III. Guidance to Issuers on Select QHP Requirements

a. *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	2025	
	Self-Only	Other than Self-Only
Maximum Annual Limit on Cost-Sharing	$9,200	$18,400
Reduced Annual limit on Cost-Sharing for Individuals between 100% and 150% of the Federal Poverty Level (FPL)	$3,050	$6,100
Reduced Annual Limit on Cost-Sharing for Individuals between 150% and 200% of the FPL	$3,050	$6,100
Reduced Annual limit on Cost-Sharing for Individuals between 200% and 250% of the FPL	$7,350	$14,700

b. *Prescription Drug Rebates*

Each year issuers are 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 should be submitted to the Department through SERFF.

c. *Network Adequacy*

Beginning with plan year 2025, on-exchange plans are required to meet both state and federal appointment wait time standards. State appointment wait time standards can be found in Administrative Rule Ins 2701.09 and the federal

standards can be found in Chapter 2, section 3.ii.b of the 2023 Letter to Issuers. The below table summarizes the appointment wait time standards for various services in New Hampshire along with the applicable authority for each.

Service Type	Appointment Wait Time	Authority
Primary Care (Routine)	15 business days	Federal
Primary Care (Urgent)	48 hours	State
Behavioral Health (Non-urgent)	10 business days	Both
Behavioral Health (Urgent)	48 hours	State
Specialty Care (Non-urgent)	30 business days	Federal

Issuers should refer to all finalized guidance provided by CMS regarding attestations and secret shopper requirements. Please note that NHID may also request secret shopper data from QHP issuers.

d. Mental Health Parity Quantitative Treatment Limits (QTL) Reporting Template

Issuers will be required to complete and submit the NHID QTL Reporting template starting this year. Issuers must complete the template for each plan and submit the completed template through SERFF. The QTL Reporting Template with instructions for completing the template are available in SERFF and upon request.

e. Drug Tools

Issuers are required to run the Essential Health Benefit (EHB) Category and Class Drug Count Tool, the Adverse Tiering Tool, and the Non-Discrimination Clinical Appropriateness Tool. NHID will be verifying the results of these tools and submitting further inquiries related to justifications, as warranted.