New Hampshire Insurance Department

NHID Annual Hearing
Health Insurance Premiums and Cost Drivers
University of NH School of Law
Concord, NH

John Elias
Commissioner
New Hampshire Insurance Department

October 30, 2018
Goal of Annual Hearing & Report

In May 2010, New Hampshire passed RSA 420-G:14-a, V-VII (Chapter 240 of the laws of 2010, an act requiring public hearings concerning health insurance cost increases). In 2014, SB 345 amended Section VI: “The commissioner shall prepare an annual report concerning premium rates in the health insurance market and the factors that have contributed to rate increases during prior years.”

The report shall be based on the analysis of information and data, including items such as medical loss ratios, cost of medical care by payment type and insurance premiums by network, among other things.
Overview of Markets and National Comparisons
The uninsured rate in NH decreased from 10.7% (pre 2014) to 5.8% in 2017. There was little change from 2016 to 2017.

Data Source: U.S. Census Bureau, American Community Survey 1-Year Estimate for 2013-2017
Average premiums in the NH Individual Market were lower than the US average by 13% in 2017.

In the Small Group Market, NH average premiums were close to the US average in 2017.

Small Group Market Average Premium PMPM

In the Large Group Market, NH premiums were about 3\% more than the US average in 2017.

In the Small Group Market, NH deductibles were about 45% more than the US average in 2017.

NH Large Group Market average deductibles were higher than the US average by approximately 20% in 2017.

Coverage Shifts
Employer-sponsored insurance plans continued to cover the vast majority of NH members with private insurance.

Total enrollment for 2017 is 543,900 members

Commercial Market Enrollment by Segment, 2015 - 2017

- Individual Market: 11.0% (59,700)
- NH PAP: 7.7% (41,900)
- Small Group: 12.6% (41,900)
- Large Group Fully Insured: 19.8% (68,500)
- Large Group Self-Insured: 48.9% (266,100)

Source: NHID 2015 and 2017 Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population.
The Small Group Market membership decreased by 7%, or by approximately 5,000 members.

Note: Values may not total to 100% due to rounding.
Source: NHID 2015 and 2017 Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population.
A preview of 2018 indicates that the Individual Market membership dropped by 10%, or 10,000 members, driven by a loss in the Non-Exchange segment.

Source: NHID Annual Hearing data 2017 and 2018; Excludes FEHBP.
The Individual Market is diverse.

2018 Individual Market Membership

- 94K Individual Market Members
  - 10K Non-Exchange
    - 6K Grandfathered or Transitional*
    - 4K Non-Grandfathered
  - 84K Exchange
    - 43K non-NH PAP
    - 41K NH PAP
    - 18K Cost Sharing Reduction Subsidy AND Federal Premium Subsidy
    - 15K No Cost Sharing Reduction Subsidy, With Federal Premium Subsidy
    - 10K No Cost Sharing Reduction Subsidy, No Federal Premium Subsidy

*NOT PART OF SINGLE RISK POOL

Source: NHID Annual Hearing data 2018.
In 2018, 84% of the Individual Market received some form of subsidies towards health insurance, an increase from 74% in 2017.

Source: NHID Annual Hearing data 2017 and 2018. Note this chart only represents the Single Risk Pool.
Within the Individual NH Non-PAP Market, 35% of Minuteman members exited the market in 2018.

Individual Market Non-PAP Membership Changes December 2017 to 1Q 2018

- Dec 2017 Anthem/Matthew Thornton: 23,200
  - Retained Membership: 10%
  - Membership shifted to other insurers: 4%
  - Membership exited health insurance market: 86%

- Dec 2017 HPHC: 12,200
  - Retained Membership: 38%
  - Membership shifted to other insurers: 38%
  - Membership exited health insurance market: 24%

- Dec 2017 Minuteman: 20,800
  - Retained Membership: 35%

Source: Based on information from NH CHIS received from the NHID and NHID Annual Hearing data 2018. Includes Grandfathered/Transitional members.
The 2019 rate change in the Individual Market's second lowest costing silver plan was favorable at -15%, but it does not negate the significant rate increase of 78% in 2018.

The self-insured market continued to dominate the Large Group Market. In 2017, 71% of the large group market was self insured, driven by enrollment in Anthem & CIGNA.

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population.
Premium and Cost Sharing
Average premiums in the fully-insured market increased 6.7% from 2016 to 2017, led by increases in the Individual Market.

Source: NHID Supplemental Data Request; Commercial fully-insured population including New Hampshire situs membership only. Excludes FEHBP population.
Average premiums in the Individual Market increased 6.8% from 2016 to 2017, led by increases in the Non-Exchange and Grandfathered / Transitional Markets.

Source: NHID Supplemental Data Request; Commercial fully-insured population including New Hampshire situs membership only.
Average deductibles increased in all segments from 2016 to 2017. The Individual Market with no CSR subsidies had the highest average deductibles.

Comparison of Average Single Deductible by Market Segment

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes NH PAP and FEHBP population. Data shown is for single, in-network coverage and includes zero dollar deductibles.
Total cost sharing paid by members increased in all segments from 2016 to 2017. Individual Market with no CSR subsidies paid $1,324 per member per year.

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes PAP and FEHBP population. Data shown is for single, in-network coverage and includes zero dollar deductibles.
Enrollees with subsidized insurance had the most comprehensive health insurance benefits. Premiums for enrollees without subsidized insurance increased as benefit richness increased.

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP and Minuteman.
Claims Trend and Utilization
Overall trends in the fully-insured market were lower in 2017 compared to the trends in 2016.

Source: NHID Annual Hearing data 2017 and 2018, including NH PAP. The 2017 values for Minuteman were based on limited data with adjustments from additional external sources.
2017 trends in the Group Markets were slightly higher than 2016 trends driven by increases in cost & mix and partially offset by a lower utilization trend.

The largest contributors to trends from 2016 and 2017 in the Group Markets were Inpatient Facility, Outpatient Facility and Professional services.

Source: NHID Annual Hearing data 2018. FFS only.
Pharmacy trends in 2017 were -0.5%, lower than the previous year, driven by lower specialty pharmacy trends in 2017 compared to 2016.

Prescription drug rebates increased at a faster rate than pharmacy costs, lowering overall pharmacy spend.

Pharmacy Allowed Claims PMPM Gross and Net of Rebates -

Allowed PMPM's Gross of RX Rebates
- 2015: $94
- 2016: $100
- 2017: $101

Allowed PMPM's Net of RX Rebates
- 2015: $85
- 2016: $89
- 2017: $88

Overall claims trend in the Individual Market were lower in 2017 compared to 2016.

Within the Individual Market excluding NH PAP, the pharmacy allowed claims PMPM trend was 16%.

Note: The distribution % shown under each category is based on 2017 claims. Minuteman excluded as detailed pharmacy data not available all years.
Inpatient admissions continue to be significantly higher in the Individual NH PAP population compared to all other segments.

Source: NHID Annual Hearing data 2017 and 2018. Data was not available for Minuteman for 2017. Minuteman was excluded from the analysis for 2016. Exclusion of Minuteman was shown to have minimal impact on the totals shown here by segment.
Emergency Department utilization decreased in all segments in 2017.

Source: NHID Annual Hearing data 2017 and 2018. Data was not available for Minuteman for 2017. Minuteman was excluded from the analysis for 2016. Exclusion of Minuteman was shown to have minimal impact on the totals shown here by segment.
Medical Loss Ratios, Expenses, and Profits
In the Individual Market, Minuteman was assessed with a $39M payment for 2017 Risk Adjustment.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Celtic Insurance Company</td>
<td>$0.1</td>
<td>$0.1</td>
<td>$17.3</td>
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<tr>
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<td>($1.2)</td>
<td>$0.4</td>
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<tr>
<td>Maine Community Health Options</td>
<td>n/a</td>
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<td>$8.2</td>
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<tr>
<td>Matthew Thornton Hlth Plan(Anthem BCBS)</td>
<td>($5.3)</td>
<td>$0.2</td>
<td>($0.5)</td>
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<td>Time Insurance Company</td>
<td>$5.2</td>
<td>$6.2</td>
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<td>n/a</td>
</tr>
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<td><strong>Total</strong></td>
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<td><strong>$0.0</strong></td>
<td><strong>$0.0</strong></td>
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<tr>
<td><strong>Total Amount Distributed</strong></td>
<td><strong>$5.3</strong></td>
<td><strong>$11.7</strong></td>
<td><strong>$25.9</strong></td>
<td><strong>$39.1</strong></td>
</tr>
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</table>

Due to Minuteman's closure at the end of 2017, risk adjustment payments from Minuteman to other insurers is not expected.

2017 Risk Adjustment as Percentage of Premium-Individual Market

- Anthem/Matthew Thornton: 6%
- Harvard Pilgrim: 11%
- Ambetter: 13%
- Total: 10%

2017 Profit Margins with and without Risk Adjustment

- Total Profit Margin including Risk Adjustment Payment: 7%
- Total Profit Margin excluding Risk Adjustment Payment: -3%

Source: 2017 federal MLR reports provided by carriers. MLR rebate payments deducted from premium to determine the profit margins shown here.
In the Small Group Market the new market entrant, Tufts, will pay more than 50% of the risk adjustment payments. HPHC is expected to receive 81% of all risk adjustment payments.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Anthem Health Plans of NH (Anthem BCBS)</td>
<td>$1.2</td>
<td>$1.3</td>
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<td>$0.8</td>
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<tr>
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<tr>
<td>Maine Community Health Options</td>
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<td>($3.6)</td>
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<td>($1.3)</td>
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<tr>
<td>Matthew Thornton Hlth Plan (Anthem BCBS)</td>
<td>$0.2</td>
<td>$1.5</td>
<td>$2.4</td>
<td>($1.4)</td>
</tr>
<tr>
<td>Minuteman Health, Inc.</td>
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<td>($0.0)</td>
<td>($0.0)</td>
<td>($0.3)</td>
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<tr>
<td>Tufts Health Freedom Insurance Company</td>
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<td>UnitedHealthcare Insurance Company</td>
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<td><strong>Total</strong></td>
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<td><strong>$0.0</strong></td>
<td><strong>$0.0</strong></td>
<td><strong>$0.0</strong></td>
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<tr>
<td><strong>Total Amount Distributed</strong></td>
<td><strong>$3.0</strong></td>
<td><strong>$4.7</strong></td>
<td><strong>$6.2</strong></td>
<td><strong>$6.3</strong></td>
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</table>

In 2017, 85% of premium in the Small Group Market and 80% of premium in the Large Group Market was spent on medical and pharmacy claims.

Source: 2017 federal MLR reports provided by carriers. Anthem provided additional information for FEHBP to make necessary adjustments to exclude from Large Group. Fully-insured.
80% of premium in the fully-insured market was spent on health care claims, compared to 93% in the self-insured market.

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population.
New Hampshire Key Findings

- Individual Market is shrinking in 2018
- Minuteman closure impacting insurers and the market in 2017 and beyond
- Individual Market rates decreasing in 2019, but still significantly higher than 2017 levels
- Individual Market members who do not receive subsidies have the highest deductibles and highest paid member cost sharing
- Group Market premium trends and claims trends are slightly higher in 2017 compared to 2016
- Large Group self-insured market represents close to 50% of the commercial market. They have much lower cost sharing and higher claims level than other segments
- Pharmacy trends lower than previous years driven lower specialty pharmacy trends. Individual Market pharmacy trends still high
NHID Annual Hearing

Break
10:10-10:25 am
New Hampshire Insurance Department

NHID Annual Hearing on Health Insurance Premiums and Cost Drivers Carrier Panel

Moderator Commissioner John Elias

October 30, 2018
Generally, insurance is an industry that favors size and the associated economies of scale. Compared to a large national carrier, it would seem as though HPHC is disadvantaged. Please describe your relationship(s) with United Healthcare and how remaining as an independent regional carrier could result in lower costs overall.

Director of Health Economics
Is Anthem in opposition to most provider mergers? Can you identify examples or evidence of provider consolidation that would make it virtually impossible to sell health insurance without paying high prices demanded by a consolidated provider system?
Dartmouth Hitchcock is a large provider in the state with substantial integration. How do your negotiations with DH differ from those with other providers?
Have you faced unusual challenges from provider organizations that consider your relationship with the Granite Health providers favoring their competitors? Has that increased the price paid to those non-GH providers?
Pharmacy Benefit Manager business practices have received a lot of scrutiny lately. Does Cigna believe carriers need to take more control of these operations, including dispensing of medications?
What is unique about the potential Partners opportunity, and why would a relationship with a system seen as expensive result in lower costs overall? Wouldn’t there be cost implications with more referrals going to Partners Hospitals?
Do you feel the Anthem business strategy is more or less focused on insurer-provider integration than your competitors, and why or why not?
Does Ambetter believe the integration of payer and pharmacy dispensing has the potential to increase drug costs or medical costs overall?
What kind of provider consolidation usually drives costs (price or utilization) the most – vertical or horizontal? Please give examples.
Cigna was quoted in a recent WSJ article describing negotiation strategies by large hospital delivery systems that prevented carriers from developing limited networks. Can you discuss this problem and how provider consolidation could make it worse?
Assuming you believe provider consolidation can drive up prices, do you pay the largest delivery systems the most for similar services?
Questions
New Hampshire Insurance Department

NHID Annual Hearing on Health Insurance Premiums and Cost Drivers
Carrier - Provider Discount Analysis

Tyler Brannen
Director of Health Economics

October 30, 2018
Purpose of the Analysis

To gain insight about the competitiveness of our markets and provide information that can be used to guide policymakers

Director of Health Economics
Is this a new analysis?

- Prior analyses and reports produced by the NHID in 2010 and 2012
  - Available on the NHID website
- Current analysis performed by BerryDunn under the direction of the NHID
- All three analyses were performed using the New Hampshire Comprehensive Health Information System (NHCHIS)
Why are discounts important?

An example of a twelve percent difference in payments to providers is a 40% discount vs. 33% discount.
What did we learn years ago?

Source: NHCHIS CY2011
How precise is the analysis?

- Limitations always exist:
  - Carrier market share by hospital varies
    - Different hospitals have different charges
    - Networks may vary
    - Provider contracts may differ in ways that cannot be detected by users of the claims data
  - Rx costs and incentive payments not included
  - Claims data are historical
  - Overall results will be influenced by deep discounts from large hospitals
  - Employer/patient experiences will differ from the analysis results
What was checked before the current analysis?

• Differences associated with:
  – Self-insured accounts
  – Product lines considered HMO, POS, and PPO
  – Substantial carrier market share variation by hospital
  – Reimbursement anomalies in the data
Strategy for current analysis

• Separate results by group and individual markets
• Include as many carriers as possible, including those who have left the market
• Look at 2015, 2016, and through October of 2017
• Break down type of service into broad categories
# Group Market

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Anthem - NH</td>
<td>44%</td>
<td>47%</td>
<td>48%</td>
<td>$2,547,072,507</td>
</tr>
<tr>
<td>Harvard Pilgrim HC</td>
<td>42%</td>
<td>43%</td>
<td>44%</td>
<td>$2,041,303,395</td>
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<td>CIGNA</td>
<td>42%</td>
<td>42%</td>
<td>42%</td>
<td>$1,138,994,920</td>
</tr>
<tr>
<td>Tufts</td>
<td>37%</td>
<td>42%</td>
<td>42%</td>
<td>$201,474,311</td>
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<tr>
<td>Aetna</td>
<td>36%</td>
<td>36%</td>
<td>38%</td>
<td>$195,910,193</td>
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<tr>
<td>UnitedHealthcare</td>
<td>39%</td>
<td>34%</td>
<td>34%</td>
<td>$166,606,819</td>
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<tr>
<td>CHO</td>
<td>34%</td>
<td>38%</td>
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<td>$38,683,979</td>
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<tr>
<td>Minuteman</td>
<td>43%</td>
<td>39%</td>
<td>41%</td>
<td>$2,387,788</td>
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<tr>
<td>All Other Insurance</td>
<td>32%</td>
<td>32%</td>
<td>N/A</td>
<td>$6,807,173</td>
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<tr>
<td><strong>All Group Policies</strong></td>
<td><strong>42%</strong></td>
<td><strong>44%</strong></td>
<td><strong>45%</strong></td>
<td><strong>$6,339,241,085</strong></td>
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</tbody>
</table>

Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
Group Market - 2017

Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
## Individual Market

<table>
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<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Anthem - NH</td>
<td>56%</td>
<td>59%</td>
<td>59%</td>
<td>$ 446,488,376</td>
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<tr>
<td>Harvard Pilgrim HC</td>
<td>54%</td>
<td>52%</td>
<td>54%</td>
<td>$ 241,838,062</td>
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<tr>
<td>Minuteman</td>
<td>49%</td>
<td>51%</td>
<td>53%</td>
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<td>Ambetter</td>
<td>N/A</td>
<td>58%</td>
<td>60%</td>
<td>$ 108,172,786</td>
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<tr>
<td>CHO</td>
<td>41%</td>
<td>42%</td>
<td>N/A</td>
<td>$ 58,170,334</td>
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<td>Time Insurance Company</td>
<td>31%</td>
<td>N/A</td>
<td>N/A</td>
<td>$ 20,394,949</td>
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<tr>
<td><strong>All Individual Policies</strong></td>
<td>52%</td>
<td>55%</td>
<td>57%</td>
<td><strong>$ 1,022,241,166</strong></td>
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Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
# 2016 Group Market

<table>
<thead>
<tr>
<th>Health Insurance Carrier</th>
<th>Professional</th>
<th>Hospital O/P</th>
<th>Hospital I/P</th>
<th>Other Facility</th>
<th>All Services, Group</th>
<th>2016 Allowed $</th>
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<tbody>
<tr>
<td>Anthem - NH</td>
<td>51%</td>
<td>43%</td>
<td>43%</td>
<td>54%</td>
<td>47%</td>
<td>$ 910,232,012</td>
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<tr>
<td>Harvard Pilgrim HC</td>
<td>45%</td>
<td>41%</td>
<td>39%</td>
<td>54%</td>
<td>43%</td>
<td>$ 721,368,973</td>
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<tr>
<td>CIGNA</td>
<td>43%</td>
<td>39%</td>
<td>40%</td>
<td>59%</td>
<td>42%</td>
<td>$ 283,297,260</td>
</tr>
<tr>
<td>Tufts</td>
<td>43%</td>
<td>42%</td>
<td>40%</td>
<td>47%</td>
<td>42%</td>
<td>$ 75,201,381</td>
</tr>
<tr>
<td>Aetna</td>
<td>48%</td>
<td>27%</td>
<td>24%</td>
<td>44%</td>
<td>36%</td>
<td>$ 28,221,043</td>
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<tr>
<td>CHO</td>
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<td>33%</td>
<td>38%</td>
<td>41%</td>
<td>38%</td>
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<td>UnitedHealthcare</td>
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<td>26%</td>
<td>27%</td>
<td>49%</td>
<td>34%</td>
<td>$ 24,407,606</td>
</tr>
<tr>
<td>Minuteman</td>
<td>47%</td>
<td>33%</td>
<td>32%</td>
<td>50%</td>
<td>39%</td>
<td>$ 1,148,573</td>
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<tr>
<td>All Other Insurance</td>
<td>40%</td>
<td>26%</td>
<td>4%</td>
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<td>32%</td>
<td>$ 532,149</td>
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<tr>
<td><strong>All Carriers, Group Policies</strong></td>
<td><strong>48%</strong></td>
<td><strong>41%</strong></td>
<td><strong>41%</strong></td>
<td><strong>54%</strong></td>
<td><strong>44%</strong></td>
<td><strong>$ 2,070,998,220</strong></td>
</tr>
</tbody>
</table>

Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
## 2016 Individual Market

<table>
<thead>
<tr>
<th>Health Insurance Carrier</th>
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<th>Hospital I/P</th>
<th>Other Facility</th>
<th>All Services, Individual</th>
<th>2016 Allowed $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem - NH</td>
<td>60%</td>
<td>60%</td>
<td>56%</td>
<td>65%</td>
<td>59%</td>
<td>$ 179,309,881</td>
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<tr>
<td>Harvard Pilgrim HC</td>
<td>51%</td>
<td>54%</td>
<td>50%</td>
<td>58%</td>
<td>52%</td>
<td>$ 124,243,015</td>
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<tr>
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<td>54%</td>
<td>41%</td>
<td>71%</td>
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<td>$ 63,636,688</td>
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<td>Ambetter</td>
<td>58%</td>
<td>64%</td>
<td>52%</td>
<td>50%</td>
<td>58%</td>
<td>$ 50,539,553</td>
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<tr>
<td>CHO</td>
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<td>37%</td>
<td>28%</td>
<td>42%</td>
<td>$ 29,467,092</td>
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<td><strong>All Carriers, Individual Policies</strong></td>
<td><strong>56%</strong></td>
<td><strong>56%</strong></td>
<td><strong>51%</strong></td>
<td><strong>61%</strong></td>
<td><strong>55%</strong></td>
<td><strong>$ 447,196,229</strong></td>
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</table>

Source: NHCHIS. Analysis performed by BerryDunn Health Analytics Practice Area.
Next Steps

- Summary of findings will be included in the hearing/cost report
- Slides may be used during testimony and presentations with the legislature, policymakers, or the public, for the purpose of explaining insurance markets and negotiation leverage
- Analysis may be updated annually and included as part of the hearing and report
Questions
Thank You

Contact Information

Tyler Brannen  
Director of Health Economics  
NH Insurance Department  
Tyler.Brannen@ins.nh.gov
Public Comment
Thank You

Contact Information

Public Comment accepted until November 13th
Eireann Aspell
NH Insurance Department
Eireann.Aspell@ins.nh.gov