**Links to applicable rules and statutes:** [**Ins 400 - Submission/Form Rules**](http://www.gencourt.state.nh.us/rules/state_agencies/ins400.html)**;** [**Table of Contents XXXVII: INSURANCE**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm)**;** [**RSA 415**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-415.htm)**;** [**RSA 415-A**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-415-A.htm)**;** [**RSA 420-J**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-J.htm)**;** [**RSA 420-G**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-G.htm)**;** [**Ins 4100**](http://www.gencourt.state.nh.us/rules/state_agencies/ins4100.html)**;** [**RSA 420-B HMO**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-B.htm)

**Notes:**

* **Requirements apply to both Qualified Health Plans (QHP) and non-QHP individual filings, unless otherwise noted.**
* **Rates must be filed per Ins 401.14 (m) and Ins 4100.**
* **Checklist citations are specific to TOI H16G. Carriers filing HMO products under HOrg02G may review RSA 420-B for specific HMO citations detailing similar requirements.**

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| --- | --- | --- | --- |
| **Citation** | **Description** | **Compliance** | **Reference/Explanation:** |
| **Yes** | **No** |
| **General Requirements** |  |  |  |
| **Required Policy Language** |  |  |  |
| RSA 415:5, I(6)Ins 401.04(a) | Form Number: Placed in the lower left corner of the Cover Page. If a change is made to the form, the new form shall be submitted with a new form number. |  |  |  |
| Ins 401.04 (b) | Company Information: Full corporate title, address, toll free telephone and facsimile numbers, website address. |  |  |  |
| Ins 401.04 (c) | Brief Description: A brief description of the nature of the policy |  |  |  |
| RSA 400-A:15-cIns 401.04 (o) | Jurisdiction: All policy forms, certificates, and identification cards |  |  |  |
| 45 CFR § 147.200RSA 420-H:4 | Summary of Benefits and Coverage and Uniform Glossary: An SBC for each plan variation submitted.  |  |  |  |
| RSA 417-F:2 | Definition of “emergency services” must be consistent with definition provided in RSA 420-J:3 |  |  |  |
| RSA 415:5, I(1) | Must include entire premium |  |  |  |
| RSA 415:5, I(2) | Dates of coverage |  |  |  |
| RSA 415:5, I(4) | Over-all appearance must conform with requirements |  |  |  |
| RSA 415:5, I(8)RSA 415:18, VI | Covered services may be performed by a licensed provider legally authorized to perform such services |  |  |  |
| RSA 415:18, I(a) | No insurance agent has the authority to change the policy or waive any provisions |  |  |  |
| RSA 415:18, I(b) | All statements contained in an application for insurance shall be deemed representations and not warranties |  |  |  |
| RSA 415:18, I(c) | All new employees in the groups or classes eligible for such insurance must be added when eligible |  |  |  |
| RSA 415:18, I(d) | Payment of premium must be remitted by the employer |  |  |  |
| RSA 415:18, I(f) | Insurer shall provide to employer for delivery individual certificates |  |  |  |
| RSA 415:18, I(g) | Must disclose any age restrictions on benefits |  |  |  |
| RSA 415:18, I(j) | Insurer must provide claim forms |  |  |  |
| RSA 415:18, I(k) | Physical Examinations and Autopsy: Insurer has a right and opportunity to examine o the person of the insured as it may reasonably require during the pendency of claim, as well as having an autopsy performed. |  |  |  |
| RSA 415:18, I(n) | Legal Actions: No legal action prior to the expiration of 60 days after written proof of loss has been furnished and after 3 years after the time written proof of loss is required to be furnished. |  |  |  |
| RSA 415:18, I(p)45 CFR 156.270 (QHP issuers) | Grace Period: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force. |  |  |  |
| RSA 415:18, I(q) | Part-time employees shall not be excluded from the group |  |  |  |
| RSA 415:18, I(r) | Statements related to insurability cannot be contested after policy has been in place for 2 years  |  |  |  |
| RSA 415:18, I(u)RSA 420-J:3-b | Pre-certification: If person is covered by more than one plan, the covered person is only required to obtain precertification from primary plan. |  |  |  |
| RSA 415:18-kRSA 420-J:8-a | Payment of claims must be consistent with requirements of RSA 415:18-k and RSA 420-J:8-a |  |  |  |
| RSA 415:18, II | Exceptions and reductions in benefits must be printed in boldface type and with greater prominence |  |  |  |
| Ins 401.04(h) | Riot exception to coverage must be limited to instances insured is injured while participating in riot |  |  |  |
| Ins 401.14(p) | Statement of Variability |  |  |  |
| RSA 420-J:7-b, I | Prescription drug benefit description including the procedure for obtaining drugs, description of the drug formulary, description of plan’s exception process, and description of coverage for drugs not on the plan’s formulary. |  |  |  |
| RSA 415:18-oRSA 420-J:7-b, V | Prescription drug information card or technology that includes at a minimum insurer name or trademark logo, covered person’s name and identification number, and all information required to electronically process a claim. |  |  |  |
| 42 USC § 300gg-111(e) | Insurance identification card must include any applicable deductible, any out-of-pocket limitations, and telephone number and web address for consumer assistance |  |  |  |
| RSA 415:18, XIV | Must include copy of Patient’s Bill of Rights  |  |  |  |
| RSA 415:18-pRSA 420-J:6-c | Claimant has 48 hours from the commencement of a court-ordered service to seek any pre-authorization, pre-certification, or referral required under the terms of the policy. Claim determination must be made within 48 hours.  |  |  |  |
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| **Required Filings** |  |  |  |  |
| RSA 415:1 | Application (On-Exchange: Federal Application; Off-Exchange: Company Application) |  |  |  |
| Ins 2701.11 | Network Adequacy Filing (NH Template) |  |  |  |
| Ins 401.14(m) | Rates |  |  |  |
| RSA 420-H:5Ins 401.14(h) | Readability Certificate of compliance |  |  |  |
| Ins 401.04(r) | Non-English language translator certification and disclosure |  |  |  |
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| **Guaranteed Issue and Renewability** |  |  |  |
| 42 USC § 300gg-1 | Guaranteed availability of coverage |  |  |  |
| 42 USC § 300gg-2 | Guaranteed renewability of coverage |  |  |  |
| 42 USC § 300gg-3(f) | Special enrollment periods |  |  |  |
| 42 USC § 300gg-4 | Prohibiting discrimination against individual participants and beneficiaries based on health status |  |  |  |
| RSA 420-G:6 | Guaranteed Issue and Renewability |  |  |  |
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| **Continuation Coverage** |  |  |  |  |
| RSA 415:18, XVIIns 401.08(b)(2) | Continuation Rights: Must provide continuation coverage when individual is terminated from a group in accordance with the time periods specified in RSA 415:18, XVI |  |  |  |
| RSA 415:18, VII-a | Labor Dispute: Employee has right to pay premium for first 6 months of labor dispute, then may elect for continuation coverage for an additional 12 months  |  |  |  |
| RSA 415:18, VII-b | Divorce: former spouse shall remain eligible for group benefits as an eligible dependent as if divorce decree had not been issued in accordance with the requirements of RSA 415:18, VII-b |  |  |  |
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| **Dependent** |  |  |  |  |
| 42 USC § 300gg-1445 CFR 147.120RSA 415:5, I(3)(a) | Coverage for dependents described in certificate of coverageDependent child under age 26 and cannot be limited to students |  |  |  |
| RSA 415:5, I(3-a)(a)RSA 415:18, V(a) | Disabled dependent shall continue to qualify as a dependent as long as said dependent remains chiefly financially dependent on the policyholder or the employee  |  |  |  |
| RSA 415:5, I(3)(f) | Notice regarding coverage of Dependent |  |  |  |
| RSA 415:22 | Newborn Children: Coverage provided for the first 31 days following birth |  |  |  |
| RSA 415:22-a | Coverage During Adoption Proceedings |  |  |  |
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| **Benefit Design** |  |  |  |  |
| RSA 420-J:542 USC § 300gg-19 (a) 45 CFR § 147.136 | Grievance Procedures must comply with RSA 420-J:5Internal claims appeals must comply with 42 USC § 300gg-19 (a) |  |  |  |
| 420-J:5-a42 USC § 300gg-19 (b) | External Review must comply with RSA 420-J:5-a |  |  |  |
| Ins 2703.04  | Notice of Right to External Review |  |  |  |
| RSA 420-J:6 | Utilization Review must comply with RSA 420-J:6 |  |  |  |
| RSA 420-J:6-b | If plan includes chiropractic services, must cover 12 self-referral visits |  |  |  |
| 42 USCS § 300gg-19a (b) | Coverage of emergency services must comply with 42 USCS § 300gg-19a (b) |  |  |  |
| 42 USC § 300gg-117 | If PCP is required, covered individual may select any participating PCP including pediatrician. Must allow direct access to obstetrical and gynecological care. |  |  |  |
| Ins 401.08(b)(6)Ins 1904 | Must include a complete statement of the policy provisions regarding coordination or nonduplication of benefits |  |  |  |
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| **Coverage Mandates** |  |  |  |  |
| RSA 420-G:4-d45 CFR 147.15045 CFR 156.115 | Essential Health Benefits must comply with RSA 420-G:4-d, 42 USCS § 18022 (b), and 45 CFR 156.115 |  |  |  |
| 42 USC § 300gg-13 45 CFR 147.130 | Coverage of preventive health services: No cost sharing permitted |  |  |  |
| RSA 417-E:1, IIRSA 417-E:242 USC § 300gg-26 | Mental health and substance use disorder benefits and requirements must be no more restrictive than medical and surgical benefits and requirements |  |  |  |
| RSA 415:18-d | Coverage for prostheses shall cover scalp prosthesis for loss related to medical condition, treatment, or due to injury subject to the same limitations and guidelines as other prostheses |  |  |  |
| RSA 415:18-e | Coverage for nonprescription enteral formulas for the treatment of impaired absorption of nutrients |  |  |  |
| RSA 415:18-f | Coverage for Diabetes Services and Supplies must include outpatient self-management training and educational services and caps insulin copay at $30 for each 30-day supply. |  |  |  |
| RSA 415:18-g | Coverage for medically necessary charges relating to administration of anesthesia for dental procedures for children under age 13, a person with exception medical circumstance or developmental disability |  |  |  |
| RSA 415:18-i | Must cover outpatient contraceptive services under the same terms and conditions as for other outpatient services and all prescription contraceptive drugs and contraceptive devices. Cost sharing must comply with requirements of RSA 415:18-i. |  |  |  |
| RSA 415:18-j | Off-Label Prescription Drugs must be covered in accordance with RSA 415:18-j |  |  |  |
| RSA 415:18-l42 USC § 300gg–8 | Coverage for individuals participating in approved clinical trials must comply with RSA 415:18-l and 42 USC § 300gg–8 |  |  |  |
| RSA 415:18-n | Must provide coverage for prosthetic devices under the same terms and conditions that apply to other durable medical equipment covered under the policy |  |  |  |
| RSA 415:18-q | Covered services rendered by midwives shall not be subject to any greater co-payment, deductible, or coinsurance than any other similar benefits |  |  |  |
| RSA 415:18-r | Coverage for the cost of for laboratory testing for bone marrow donation up to $150 arising from human leukocyte antigen testing. |  |  |  |
| RSA 415:18-s | Coverage for children's early intervention services for children from birth to 36 months of age with an identified developmental disability and/or delay with no cost sharing (Deductible permitted for high deductible plans. |  |  |  |
| RSA 415:18-t | Coverage for treatment for obesity and morbid obesity and disease and ailments caused by obesity |  |  |  |
| RSA 415:18-u | Coverage for professional services associated with the practice of fitting, dispensing, servicing, or sale of hearing instruments or hearing aids At no greater cost sharing than other benefits. Minimum coverage of $1,500 per hearing aid every 60 months. |  |  |  |
| RSA 415:18-v | Must reimburse the ambulance service provider directly or by a check payable to the insured and the ambulance service provider |  |  |  |
| RSA 415:18-w | Covered Services rendered by naturopathy providers shall not be subject to any greater co-payment, deductible, or coinsurance than any other similar benefits |  |  |  |
| RSA 415:18-y | Cost sharing for self-administered anti-cancer medication cannot be greater than cost sharing for provider administered medication or cannot exceed $200. High deductible plans exempt from requirement until deductible is met. |  |  |  |
| RSA 415:18-z | Must provide coverage for one early refill of prescription eye drops if criteria are met |  |  |  |
| RSA 415:18-aa | Must provide blood lead testing coverage for children under 2 at the same cost sharing as similar benefits |  |  |  |
| RSA 420-J:7-b, VIII | Must allow 90-day supply of covered prescription drugs for regularly prescribed medications  |  |  |  |
| RSA 415:18-bbRSA 420-J:6-e | Must provide coverage for Medically Necessary Dental Services resulting from accidental injury |  |  |  |
| RSA 415:18-cc | Must provide coverage for blood testing for Perfluoroalkyls (PFAS) and Perfluorinated Compounds (PFCS) at the same cost sharing as similar benefits |  |  |  |
| RSA 415:18-dd | Must provide coverage for epinephrine auto-injectors at same cost sharing as similar benefits. |  |  |  |
| RSA 415:18-ee | Must cover long-term antibiotic therapy for tick-borne illness at same cost sharing as similar benefits. |  |  |  |
| RSA 417-D:2 | Must provide coverage for low-dose mammography  |  |  |  |
| RSA 417-D:2-a42 USC § 300gg-25 | Must provide coverage for pregnancy, delivery, and postpartum care in accordance with RSA 417-D:2-a |  |  |  |
| RSA 417-D:2-b42 USC § 300gg-27 | Must provide notice of coverage of all stages of reconstructive surgery following mastectomy  |  |  |  |
| RSA 417-G:2 (does not apply to SHOP plans or Transitional Plans related to the ACA) | Must cover diagnosis of infertility, medically necessary fertility treatment, and fertility preservation when a person is expected to undergo medical treatment that causes a risk of impairment to fertility |  |  |  |
| RSA 415-J:3 | Must allow covered services to be provided through telemedicine and cover on same basis as if services had rendered in person |  |  |  |
| RSA 417-F:4 | Coverage and reimbursement for emergency room boarding must be consistent with RSA 417-F:4 |  |  |  |
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| **Prohibitions** |  |  |  |  |
| 42 USC § 300gg-1145 CFR 147.126 | No lifetime or annual limits on essential health benefits |  |  |  |
| 42 USC § 300gg-1245 CFR 147.128 | Coverage cannot be rescinded once the enrollee is covered under plan  |  |  |  |
| 42 USC § 300gg-342 USC § 300gg-4RSA 420-G:7 | Prohibition of preexisting condition exclusions or other discrimination based on health status including the collection on genetic information prior to enrollment |  |  |  |
| 42 USC § 300gg-7  | Waiting period shall not exceed 90 days |  |  |  |
| RSA 415-A:5-aRSA 420-J:3-a | Provisions promoting or encouraging alternative to government emergency response system are prohibited |  |  |  |
| RSA 417-G:3 | Pre-existing condition and arbitrary limitations on fertility coverage are prohibited. Cost-sharing and other coverage limits related to fertility cannot differ from those for non-fertility related services |  |  |  |
| RSA 420-J:6-a42 USCS § 300gg-19a (d)42 USC § 300gg-117(c) | Prior authorization for obstetrical-gynecological care prohibited |  |  |  |
| RSA 420-J:17 | Prior authorization for first 2 outpatient visits relating to treatment for substance use disorder prohibited |  |  |  |
| 42 USC § 300gg-16 | Prohibition on discrimination in favor of highly compensated individuals |  |  |  |
| RSA 417:4, VIII (b)  | Any unfair discrimination between individuals of the same class and of essentially the same hazard, including discrimination of the basis of gender identity is prohibited |  |  |  |
| RSA 415-J:3, II | Prohibition on denying coverage on the sole basis that service is provided through telemedicine |  |  |  |
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| **Application Requirements** |  |  |  |
| Ins 401.12(a) | Wording implying a warranty prohibited. (Example: “I certify") |  |  |  |
| Ins 401.12(b) | No provisions for automatic rejection |  |  |  |
| RSA 420-G:5, I42 USC § 300gg-4 | Medical questions prohibited |  |  |  |
| Ins 401.12(d) | No change to terms of policy  |  |  |  |
| Ins 401.12(e) | Questions as to race or ethnicity prohibited |  |  |  |
| Ins 401.12(f) | Must contain question regarding whether the policy is intended to replace an existing policy |  |  |  |
| Ins 401.12(h) | Application containing advertisement directed towards effecting a policy sale must comply with Ins 401.12(h)  |  |  |  |
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| **Essential Health Benefits** |
| **Description Of Requirements** | **Compliance** |
| Please note the Essential Health Benefit (EHB) benchmark plan for plan year 2023 is Matthew Thornton Blue; plan materials can be found at: [https://www.cms.gov/cciio/resources/data-resources/ehb.](https://www.cms.gov/cciio/resources/data-resources/ehb) Pediatric dental is supplemented by the [**FEDVIP dental plan**](https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2014/brochures/MetLife.pdf). Carriers must comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.  Plan binder templates contain the EHB and Pharmacy Formulary. The templates must be completed and attached to the filing. NH will require an attestation of compliance with the EHB formulary standards.  | YES |
| **Ambulatory Patient Services** |   |
| Medical Exams |  |
| Telemedicine |  |
| Injections (including allergy injections) |  |
| Outpatient Surgery |  |
| Anesthesia including Dental Anesthesia |  |
| Early Childhood Intervention |  |
| Colonoscopy |  |
| Management of Therapy |  |
| Hemodialysis |  |
| Chemotherapy |  |
| Radiation Therapy |  |
| Infusion Therapy |  |
| TMJ Surgery and Limited Oral Surgery |  |
| Accidental Dental |  |
| Non-Prescription Enteral Formula |  |
| Hospice |  |
| Reconstructive Surgery |  |
| Clinical Trials |  |
| Diabetes Care and Management |  |
| Routine Eye Exam |  |
| Diagnostic Tests |  |
| Laboratory Services |  |
| Imaging (CT/PET Scans, MRIs) |  |
| Routine Foot Care |  |
| Dental Check-Up for Children |  |
| Infertility Services (Diagnostic Tests To Find Cause of Infertility) |  |
| **Emergency Services** |   |
| Emergency Room Charge |  |
| Network Urgency Care Facility Charge |  |
| Physician Fee, Labs, X-Ray, CT scan |  |
| Ambulance |  |
| **Hospitalization** |   |
| Semi-Private Room |  |
| Diagnostic Tests |  |
| Supplies |  |
| Medication |  |
| Other Ancillary Services for Medical, Surgical, and Maternity Admissions |  |
| Skilled Nursing Facility Care |  |
| Inpatient Hospital Care |  |
| Inpatient Surgery Services |  |
| Diagnostic Labs (Furnished in any medical facility other than a physician’s office or independent laboratory) |  |
| Diagnostic X-Rays (Including Ultrasounds, MRI, MRA, CT Scan, CTA, PET, and SPECT) |  |
| Coverage For Obesity and Morbid Obesity – Bariatric Surgery |  |
| Organ and Tissue Transplant |  |
| Facility Fees (For use of a hospital outpatient department or ambulatory surgery center; For medical, surgical, and maternity admissions) |  |
| **Maternity and Newborn Care** |   |
| Maternity Hospitalization |  |
| Operating Room for Delivery |  |
| Physician Services for Delivery of a Baby |  |
| Delivery and All Inpatient Services for Maternity Care |  |
| Ultrasounds |  |
| Maternity Care (Prenatal and Postpartum Visits) |  |
| **Mental Health and Substance Use Disorders, including Behavioral Health Treatment (MHPAEA)** |   |
| Mental Health Outpatient/Office Visits |  |
| Substance Abuse Outpatient/Office Visits |  |
| Medical Detoxification |  |
| Substance Abuse Rehabilitation |  |
| Mental/Behavioral Health Inpatient Services |  |
| Residential Treatment |  |
| Partial Hospitalization or Intensive Outpatient Treatment Program |  |
| Day Treatment Services |  |
| **Prescription Drugs** |   |
| Covered Medications, Diabetic Supplies, and Contraceptive Devices purchased at a network retail or mail order pharmacy |  |
| Off-Label Prescription Drugs |  |
| **Rehabilitative and Habilitative Services and Devices** |  |
| Durable Medical Equipment and Medical Devices (including Orthotics, Prosthetics, and Scalp Hair Prosthesis) |  |
| Outpatient Rehabilitation Services (includes Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, and Cardiac Rehabilitation) |  |
| Home Care Services |  |
| Chiropractic Care |  |
| Hearing Aids |  |
| Diabetes Education |  |
| Eye Glasses for Children |  |
| **Laboratory Services** |   |
| Diagnostic Labs |  |
| **Preventive and Wellness Services including Chronic Disease Management as per the Grade A and B Recommendations of the United States Prevention Services Task Force and HRSA, with no cost-sharing by the covered person. This includes preventive drugs and prep drugs for preventive services** |   |
| Immunizations for Babies |  |
| Routine Physical Examinations for Babies, Children, and Adults |  |
| Annual Gynecological Exams |  |
| Family Planning Visits |  |
| Annual Care Plans for Members with Chronic Illnesses |  |
| Nutrition Counseling |  |
| Mammogram |  |
| Pap Smear |  |
| Lead Screening |  |
| Pre-Natal and Postpartum Visits |  |
| Other Routine Preventive Screening such as Total Cholesterol, Lipids, and Diabetic Screenings |  |
| Diabetic Screening |  |
| Fluoride Treatments |  |
| Sterilization |  |