

Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Waivers - Reinsurance Waiver Annual Report

Reporting Instructions: Please capture data for annual 1332 waiver grant reporting in this template, which has been developed based on paragraph 10 of your specific terms and conditions (STC), and in accordance with 45 CFR 155.1324(b)-(c). For any items that are marked “if applicable,” please refer to the requirements in your STCs to determine whether you need to fill in those data fields. Draft annual reports are due within 90 days of the end of each calendar year that your waiver is in effect.

STATE: New Hampshire

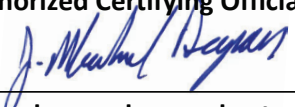
A. GRANTEE INFORMATION		
1. Reporting Period End Date Dec 31, 2022	2. Report Due Date Mar 31, 2023	3. Report Submitted On (Date) March 30, 2023
4. Federal Agency and Organization Element to Which Report is Submitted Consumer Information & Insurance Oversight		
5. Federal Grant Number Assigned by Federal Agency SIWIW210017	6a. DUNS Number R3KPBHAJZEF7	6b. EIN 02-0499340
7. Recipient Organization Name New Hampshire Individual Health Plan Benefit Association		
Address Line 1 One Pillsbury Street, Suite 200		
Address Line 2		
Address Line 3		
City Concord	State NH	Zip Code 03301
Zip Extension 3570	8. Grant Period Start Date Jan 1, 2021	9. Grant Period End Date Dec 31, 2025
10. Other Attachments (attach other documents as needed or as instructed by the awarding Federal agency)		
<ul style="list-style-type: none"> • NHHP Low Attachment Point Report (not being publicly posted for confidentiality reasons) • Supplemental Claim Submission Impact Assessment • 2022 Carrier Care Management Reports (not being publicly posted for confidentiality reasons) • 2023 Reinsurance Parameter Development Actuarial Report 		

Section 1332 of the Patient Protection and Affordable Care Act (PPACA) State Innovation Waivers - Reinsurance Waiver Annual Report

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- 2023 Reinsurance Parameter Development Actuarial Presentation and Update

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B. REPORT CERTIFICATION
<p>11. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</p>
<p>11a. Typed or printed name and title of Authorized Certifying Official J. Michael Degnan, Executive Director</p>
<p>11b. Signature of Authorized Certifying Official </p>
<p>11c. Telephone (area code, number, and extension) (603) 223-6453</p>
<p>11d. E-mail address JMDegnan@helmsco.com</p>
<p>11e. Date report submitted (month/day/year) 03/30/2023</p>
C. PROGRESS OF SECTION 1332 WAIVER - <u>General</u>
<p>12. Provide an update on progress made in implementing and/or operating the state's approved 1332 waiver program. The following are updates from the second year of New Hampshire's Section 1332 Waiver Reinsurance Program.</p> <p>Participating Carriers and Participation Requirements All three insurance carriers that participated in the program in Program Year 1 continued their participation through Program Year 2: Anthem New Hampshire, Point32Health (formerly Harvard Pilgrim Health Care), and Centene (doing business as Ambetter).</p> <p>In order to participate in the NH Reinsurance Program, each carrier must submit their care management program description to ensure that care management efforts will be maintained and consistently applied to members regardless of reinsurance eligibility. All carriers submitted their care management program descriptions in Quarter 1 and that information was subsequently provided to the New Hampshire Insurance Commissioner. The submissions are also attached to this report (the submissions will not be publicly posted as they contain proprietary information).</p> <p>At the end of 2022, the New Hampshire Health Plan (NHHP) requested that carriers submit their 2023 care management descriptions during Quarter 1 of 2023 via the Actuarial Workgroup. NHHP has collected those submissions and shared them with the New Hampshire Insurance Department (NHID).</p> <p>Actuarial Workgroup</p>

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The Actuarial Workgroup (AWG) was established in the fall of 2020 and continues to serve an important advisory role for the New Hampshire Reinsurance Program. Active participants in the AWG workgroup include senior actuaries from each participating issuer and Leif Associates, NHHP's actuarial consultants. As it did last year, the AWG met at the beginning of the program year to recommend parameters for 2023 based on actuarial analyses which have been attached to this report, and then met at end of the program year to begin development of parameters for 2024. The AWG also met for funding and coinsurance projection updates and advised NHHP and NHID as they considered technical changes to the program. As discussed in more detail below, the group discussed changing the approach to parameters and eliminating the Supplemental Covered Claims Summary Form. In regard to adopting a low attachment point model, the AWG advised that the State wait for future years to consider such a change. The AWG unanimously advised eliminating the Supplemental Covered Claims Summary Form, which the state is pursuing. Both decision-points are described in more detail below.

Amended Pass-Through Funding Report

On March 17, 2022, NHHP received a response from the Centers for Medicare and Medicaid Services (CMS) regarding the State's Pass-through Funding (PtF) Report submitted on September 10, 2021. As a result of concerns from CMS about NHHP's estimate of waiver impact on enrollment, and based on a meeting with CMS, NHHP submitted an amended Pass-through Funding Report to CMS at the end of Quarter 1.

Though NHHP amended the Pass-through Funding Report, there was still a lack of information that led to inaccuracy in the 2022 funding estimate calculations. The concerns and challenges New Hampshire has faced in estimating PtF are described further below.

2022 Pass-Through Funding Determination/Target Coinsurance Update

In May, the state received its PtF determination for 2022. The total funding available for New Hampshire's program in 2022 was \$26,565,613, which is \$3.1 million less than New Hampshire anticipated when we set the 2022 parameters. Though the funding shortfall was partially offset by higher than anticipated state funding and lower than expected operating expenses, the net reduction in funding amount (\$2.4 million) is likely to result in a lower than projected coinsurance. Because New Hampshire's program is designed to pay out the fixed amount of funding available each year, the final coinsurance will not be known until all claims are received. However, based on the funding change, NHHP notified carriers that it expects the coinsurance to be 67 percent, rather than the initial target of 70 percent.

Collection of Assessment

NHHP began collecting the 2022 state assessment revenue (which, along with PtF, funds the Reinsurance Program) in Quarter 2. During the collection period, NHHP was alerted that one of the issuers had overstated its assessable lives and as a result, overpaid assessment fees. NHHP refunded the overpayment and adjusted its budget for state assessments accordingly. The final 2022 year-end assessed lives were 5,827,574 for total 2022 collections of \$13,519,972.

2021 Calculations and Payments; Planning for 2022 Payments

NHHP issued initial payments for Program Year 1 to carriers on June 15, 2022. NHHP utilized the eligible

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claims totals provided in the May 3, 2022 EDGE Server Report to determine the relative proportion of eligible claims for each carrier. Each carrier's proportional percentage was then applied to the aggregate payment pool (80% of the total eligible payment funds) to determine the specific payment amount for each carrier. In total, these payments reflected 80% of the anticipated final amount to be paid out. The initial payments were made utilizing the 2021 PtF. NHHP requested the funds on June 13, 2022, the funds were made available on June 14, 2022, and the payments were made to carriers on June 15, 2022.

The initial payments comprised of the remainder of federal funds available for Year 1, net of test payments issued ahead of the June payments (\$31,544,402), and a partial portion of the State funds available (\$4,479,677).

The final Year 1 payments were issued to each carrier in September of 2022. The payments in total represented the final 20% of available funds, which was just over \$9 million. This final claims allocations and payment amounts per carrier were determined based on a supplemental Covered Claims Summary Form that each carrier submitted in order to identify additional eligible claims for Program Year 1 through July 2022 that were not included in the May 3, 2022 EDGE Server Report. Those final payments were made using state assessment funds.

NHHP began receiving and reviewing 2022 EDGE Server Reports in the fall of 2022. Based on the final 2022 EDGE Server Report, which is to be received later this year, NHHP will make the 2022 reinsurance payments in the summer of 2023. As detailed further below, those payments will be made on a condensed and earlier timeline due to the elimination of the Supplemental Covered Claims Summary Form.

2023 Assessment

In September 2022, the NHHP Board recommended a 2023 Reinsurance Program state assessment rate of \$2.15 per month to the New Hampshire Insurance Commissioner. This rate is set at 60 basis points applied to the Second Lowest Cost Silver Plan (SLCSP) in 2022, before impact of the Section 1332 Waiver program (in 2022, the SLCSP without waiver premium was \$358.62).

The 2023 SLCSP will set the basis for the 2024 assessment. As it does each year, NHID confirmed the actual SLCSP premium when Open Enrollment began to ensure the assessment will be based on the correct premium.

Post-Award Forum

NHHP's second annual post-award public forum was held on June 14, 2022. NHHP requested to hold the forum virtually due to the ongoing risk of COVID-19 transmission, and CMS approved this request on April 27, 2022. Twenty-nine individuals attended the virtual forum, which was hosted via a webinar on Microsoft Teams. In addition to NHHP's presentation about the Section 1332 Waiver and program updates, there was time for individuals to offer questions and comments live or in writing. More information about the forum is included below.

2023 Pass-Through Funding Analysis, Report, and Update

NHHP submitted its PtF report for 2023 in September. The amount of estimated PtF increased by almost

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\$4 million from the original estimate NHHP actuaries made during its parameter planning process earlier in the year due to the passage of the Inflation Reduction Act (IRA) in August of 2022. As a result of the IRA, NHHP's actuaries estimated additional enrollment in coverage (both on-Exchange and off-Exchange) of nearly 9,000 individuals in 2023, which in turn affected the amount of estimated PtF the State will receive. However, NHID determined that this higher estimate was made too late to impact filed rates for 2023. Upon request by CMS, the report was revised to reflect the estimates provided to carriers and upon which they based their funding, and an updated PtF Report was submitted to CMS in Quarter 4.

Consideration of Low Attachment Point Model

Upon request of a participating carrier, NHHP analyzed the results from Program Year 1 to evaluate the benefits of adopting a low attachment point model for the program. The analysis run by NHHP's actuaries considered various low attachment point options. However, given that there was only one year of data to consider, the NHHP Board, based on advice of the AWG, determined that it is premature to consider such a change to the program parameters as of yet. This consideration is detailed further below.

Meetings with NHID

The NHID continued to advise on the operation of the program throughout Program Year 2, and NHHP and representatives of NHID continue to meet on a bi-weekly basis.

Reporting

In order to abide by the requirements set forth in 45 CFR 155.1324(a), NHHP submitted quarterly Section 1332 Waiver grant reports. Each quarterly report was submitted within 60 days after the end of the reporting calendar quarter.

New Website

In Quarter 1, NHHP implemented a website update that included archiving older data contained on the website. This update sought to improve user friendliness and provide an enhanced visual experience. In addition, this update made it easier for NHHP to post updates and notices to the website.

13. Describe any implementation and/or operational challenges to meet the 1332 statutory guardrails, and plans for and results of associated corrective actions. After the first year, only report on changes and/or updates, as appropriate.

Pass-through Funding Estimates and Parameter Development

New Hampshire continues to struggle with uncertainty in estimating PtF, which inhibits our ability to set parameters and funding calculations that carriers can rely on when setting their premiums. This is partly related to limited access to the source data the Treasury Department uses to make final PtF determinations. It is also driven by timing. In order to provide carriers with information while setting their rates, New Hampshire begins work to set parameters and estimate funding over a year in advance and finalizes those amounts over eight months in advance of the plan year. The Treasury Department does not make a final payment determination until approximately four to five months after the plan year has begun, which is over a year after New Hampshire's initial estimates. As a result, naturally, the Treasury Department has access to more accurate data at that time.

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New Hampshire also has been challenged by delayed communications from CMS regarding PtF calculations as it begins work on the subsequent year parameters as well. We filed our 2022 PtF Report on September 10, 2021. The first communication we received was not until six months later, when we learned that CMS had concerns with our report. We did not receive our 2022 PtF estimate until Quarter 2. (Note: we received our initial funding estimate in April and our final funding estimate in May, showing we had overestimated the funding amount by \$3 million.) Because we establish our next year parameters in March, we lacked information about the accuracy of our 2022 funding estimate calculations that could inform the calculations for 2023 since the parameters had already been established by that time. After our notification, a meeting was held with the CMS team, the Treasury Department, NHHP Management, Leif Actuaries, and representatives from NHID. The State subsequently filed an amended 2022 PtF Report. However, we were unable to consider the implications of changes made for the amended PtF Report on our funding estimate for the 2023 parameters.

Lacking timely feedback on such calculations hinders accuracy in forecasting future year funding and the reinsurance parameters. This leaves us with a dilemma of either arbitrarily creating a contingency reduction for estimation errors or having carriers being uncertain about the veracity of our parameter estimates and perhaps creating their own contingencies. Either might needlessly reduce the waiver impact on the with waiver premiums. More timely communication would help improve our estimation precision.

Though there may not be a full solution to the timing challenges, NHHP, NHID, and Leif Actuarial have sought to learn from our missteps to make each year's estimate more accurate. That is also why the State has sought as much source data that the Treasury Department uses as possible. NHHP also keeps the carriers up to date on a timely basis as new information is gleaned or estimates change so they have the most current data when finalizing their rates.

Market versus SLCSP Impact

Another challenge we face is the potential disconnect between the development of our reinsurance parameters based on market data and the final PTF estimate being based on the actual Second Lowest Cost Silver Plan (SLCSP). As a small state, we only have 3 carriers participating in our Reinsurance Program. We have seen disproportionate high-cost claimants (that are eligible for reinsurance) residing with one carrier that has low Exchange membership. This can result in the actual SLCSP with and without waiver calculation being misaligned with the overall market impact of the waiver program (i.e., one carrier gets a higher than market average amount payment than the others, including the one that will set the SLCSP). Because the issuer setting the SLCSP may be getting a small proportion of waiver payment benefit, we are concerned that the SLCSP with and without waiver differential could fall to a level that might threaten the overall viability of the Reinsurance Program.

To better understand this potential risk to our program, we asked our actuaries to evaluate lower attachment points to see if this might mitigate the risk. The results of this analysis are contained in the attachment entitled NHHP Low Attachment Point Report (the report will not be publicly posted as it contains proprietary information). Essentially, a lower attachment point would decrease the potential "gap" between the overall market impact and the impact to the carrier with the potential SLCSP, but we

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would need to set an attachment point close to \$0 (i.e., first dollar claim eligibility) for the market impact to be equivalent to the impact on each of the three participating carriers. While this would mitigate the “premium impact estimation gap risk,” such a change would go against the very spirit of reinsurance. These results were discussed with the AWG and presented to the Board of Directors for discussion. The consensus was that our experience with the program was too limited to make a significant change to our parameters so we will proceed with similar parameters as before. The Board is willing to consider a parameter change if NHHP and the State seek a waiver renewal.

Annual Post-Award Forum

In 2022 New Hampshire once again faced the challenge of how to host the Annual Post-Award Forum during the COVID-19 pandemic. Because of ongoing worries about the risk of COVID-19 transmission, the State had concerns about holding an in-person forum. As a result, the State requested approval from CMS to hold the forum virtually. A copy of CMS's approval is available on the NHHP website at <https://nhhp.org/historical-governance-documents/governance-documents-nhreinsurance-program/>.

The State hosted the forum via a webinar on Microsoft Teams. The event was structured so that all attendees could see the presenters and the presentation and offer questions and comments live or in writing. Twenty-nine individuals attended the forum.

Claims Submission and Payment Process

In 2022 we were able to analyze the impact of our supplemental eligible claim submission process. The New Hampshire Reinsurance Program makes an interim payment of 80% of the estimated Reinsurance Program fund distribution based on the final EDGE Server report received. The carriers are then given an additional two months to identify additional eligible claims and submit those on a special Supplemental Covered Claims Summary Form. Since the New Hampshire Reinsurance Program is structured to pay out the entire amount of annual funds (net of operating expenses), the additional claims submission does not alter the total aggregate payment made. However, it could alter the proportion of the total funds that any one carrier might receive. The attachment entitled Supplemental Claim Submission Impact Assessment contains a summary of the magnitude of supplemental claims identified by the carriers and the impact this had on final carrier payment determination. The overall impact on any one carrier only changed the specific payment percentage by less than 0.5%. This equated to a total payment change of no more than 1.3%, which is equivalent to no more than \$200,000 on a total payment of at least \$14 million per carrier.

These results were discussed with the AWG, and the consensus was that the work required of the carriers to identify and prepare the supplemental claim submission did not warrant the limited economic impact. Thus, this group has recommended that NHHP discontinue the use of the Covered Claims Summary Form and the related process and rely instead on the final EDGE Server report to make one round of carrier payment determinations effective beginning with payments made in 2023 for the 2022 Program Year. NHHP management subsequently recommended this change to its Board at the March 23, 2023 meeting and received Board approval. Following Board approval, NHHP submitted an amendment to the Plan of Operations including those changes along with a letter recommending the changes to the New Hampshire Insurance Commissioner for approval. The Commissioner approved the changes and signed the amendment on March 27th. Based on communications with the CMS team, NHHP understands that CMS

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will consider this a technical change that will not require any amendment to the Section 1332 Waiver.

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D. PROGRESS OF SECTION 1332 WAIVER - State-Specific		
14. Metrics to assist evaluation of the waiver's compliance with statutory requirements in Section 1332(b)(1)		
	Value	Comments (if applicable)
a. Actual individual market enrollment on the Exchange in the state	48,158	This is the average enrollment for the entire year based on information reported by the issuers.
Actual individual market enrollment off the Exchange in the state	9,239	This is average enrollment for the entire year based on information reported by issuers.
b. Actual average individual market premium rate on the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)	\$445.50	The average premium was calculated by dividing the total aggregate premium received as reported by the issuers by the total average membership as reported by the issuers.
Actual average individual market premium rate off the Exchange (i.e., total individual market premiums divided by total member months of all enrollees)	\$456.89	The average premium was calculated by dividing the total aggregate premium received as reported by the issuers by the total average membership as reported by the issuers.
c. Actual Second Lowest Cost Silver Plan (SLCSP) premium for Exchange plans under the waiver for a representative consumer (e.g., a 21-year old non-smoker) in each rating area	\$308.57	New Hampshire uses a 40-year-old non-tobacco user as its representative Exchange enrollee.
Estimate of the SLCSP premium for Exchange plans as it would have been without the waiver for a representative consumer (e.g., a 21-year old non-smoker) in each rating area	\$358.62	New Hampshire uses a 40-year-old non-tobacco user as its representative enrollee. The impact of the waiver program reduced average premium for SLCSP by, once again, almost 14%.
d. For states with State-based Exchanges , actual amount of Advanced Premium Tax Credit (APTC) paid to issuers, by rating area for the plan year	N/A	

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	Value	Comments (if applicable)
<p>e. For states with State-based Exchanges, actual number of APTC recipients for the plan year. This should be reported as number summed over all 12 months and divided by 12 to provide an annualized measure.</p>	N/A	
<p>15. Please confirm whether there was any impact of the waiver on the scope of benefits or Essential Health Benefit (EHB) benchmark.</p> <p>The waiver does not impact scope of benefits or Essential Health Benefit (EHB). The waiver does not result in any plan changes or changes to the New Hampshire EHB benchmark plan. It reimburses issuers for high-cost claims (within set parameters), resulting in premium savings.</p>		
<p>16. Describe any changes to the state-operated reinsurance program, including changes to the funding level the program will be operating at for the next plan year, any changes to the approved payment parameters for reinsurance program reimbursement or changes to eligibility criteria for enrollees' claims to be reimbursed under the program.</p> <p>We are expecting funding changes in 2023. Those changes are automatically integrated into the program with no policy change needed because New Hampshire’s Reinsurance Program is designed to pay out all funds collected.</p> <p>With the passage of the Inflation Reduction Act (IRA), we now anticipate a fairly significant funding change in 2023 from our original estimate. We are anticipating an additional \$5 million in PtF. Because the parameters are the same as the previous year (Attachment Point of \$60,000 and Cap of \$400,000) this additional funding will likely increase our eligible claim target coinsurance payment percentage from 58% to 63%-64%. Because the IRA was passed late in the summer, we did not make any adjustment to the program parameters because the carriers had already filed their rates for the year. Thus, it is likely that the premium impact will be less than it could have been if this funding increase had been known earlier. However, since we are anticipating paying a slightly lower percentage of eligible claims than estimated for 2022, this will help instill greater carrier confidence in overall payment reliability going forward.</p> <p>We are also attempting to estimate the impact the cessation of the Public Health Emergency and the restarting of Medicaid redeterminations will have on Exchange membership and, as a result, PtF. This will have a major impact in 2024, but also may have some impact on 2023 since New Hampshire is beginning the redetermination process this April. We have worked closely with the New Hampshire Medicaid Director to estimate the impact on the Exchange. New Hampshire has 70,000 households representing just over 100,000 protected individuals. Of those households, 29,000 are pending ineligible. Based on the December 12, 2022 ASPE Report “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects,” NHHP’s actuaries have estimated between 25% and 30% of individuals who are deemed Medicaid ineligible will purchase coverage on the Exchange over the next year and be eligible for either a zero premium plan or for Advance Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs). Based on discussion with the AWG, the actuaries applied the assumption that 30% will enroll to ensure integrity in the</p>		

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parameter and savings estimates. While the magnitude of Exchange enrollment may increase, the impact on the reinsurance program parameters will be lessened because higher enrollment will correlate to more people being eligible for APTCs, which will bring more PtF (higher enrollment would also correlate to more State funding since individuals enrolled in Medicaid are exempt from our state assessment, but those on the Exchange are included in our assessment), and would hopefully cover a portion of the increase in anticipated claims. Because our 2023 parameters were set before the impact of the IRA, we believe the impact of Medicaid redetermination will not result in a change in the 2023 target coinsurance payment amount, even though the total funding amount will be changed. Before the impact of the Medicaid redetermination, we estimate that the total reinsurance pool funding in 2023 will be just over \$40 million, which is approximately a \$0.5 million increase from the 2022 funding level.

New Hampshire is also planning to eliminate use of the Supplemental Covered Claims Summary Form, as outlined above. As noted above, our understanding is this is a technical change. Additionally, while the state considered a significant parameter change, it has decided not to pursue that change at this time, as also outlined above.

17. Describe any changes in state law that might impact the waiver and the date(s) these change occurred or are expected to occur.

There have not been any changes to State law or regulations that impact the waiver.

18. Report on spending:

	Value	Comments (if applicable)
a. Amount of Federal pass-through funding spent on individual claim payments to issuers from the reinsurance program	\$26,565,613	New Hampshire received \$26,565,613 in Federal Pass-through Funding. This entire amount will be spent on reimbursing issuers for eligible claims. We anticipate paying out the 2022 funds by the end of June 2023. With the expected discontinuation of the supplemental eligible claims submission process, we will no longer make an interim payment of 80% and a later payment of the remaining amount. Rather, we will be able to pay out the entire fund amount in one payment process.

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b. Amount of Federal pass-through funding spent on operation of the reinsurance program	\$0	All the administrative and operating costs of the Reinsurance Program are paid with State funds.
c. Amount of any unspent balance of Federal pass-through funding for the reporting year	\$26,565,613	Because the New Hampshire program is designed to pay out all funds available each year, there will not be any unspent Pass-Through Funds. However, payments are not made until June 2023 so, currently all PtF is unpaid.
d. Amount of state funding contribution to fully fund the program for the reporting year	\$13,520,011	This includes all State funds collected for the program for 2022. \$319,412 was spent on operating costs and the remainder will be added to the PtF and paid for eligible claims.
<p>19. If applicable, provide a claims breakout at an aggregate level for the top 5 conditions or cost drivers of the 5 conditions, including settings of care in the individual market.</p> <p>This question is not applicable to the New Hampshire program because the program utilizes a traditional, attachment point model, and does not make payments based on medical conditions. As a result, New Hampshire does not collect this information and is not required to report it under the Specific Terms and Conditions for the waiver.</p>		
<p>20. If applicable, report on any incentives for providers, enrollees, and plan issuers to continue managing health care cost and utilization for individuals eligible for reinsurance.</p> <p>The State collects descriptions of participating carriers' care management programs. These submissions are requested to demonstrate the carriers' ability to identify and help manage the care of potential higher cost claimants to ensure the appropriateness of health care services delivered. All three participating carriers submitted the requested information during the first quarter of 2022, and those submissions were transmitted to the Insurance Commissioner. These submissions are also attached to this report (they will not be publicly posted as they contain proprietary information).</p>		
<p>21. If applicable, report of any reconciliation of reinsurance payments that the state wishes to make for any duplicative reimbursement through the state reinsurance program for the same high cost claims reimbursed through the Department of Health and Human Services (HHS)-operated high cost risk adjustment program.</p>		
	Value	Comments (if applicable)
a. Reinsurance payment (before reconciliation) for high-cost claims to issuers who also receive payment through the HHS risk adjustment program under the high-cost risk pool	N/A	New Hampshire's parameters do not overlap with the parameters for the HHS Risk Adjustment Program.

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b. Risk adjustment amount paid by HHS for those claims	N/A	New Hampshire’s parameters do not overlap with the parameters for the HHS Risk Adjustment Program.
c. Reinsurance reconciliation (or true-up) amount applied	N/A	New Hampshire’s parameters do not overlap with the parameters for the HHS Risk Adjustment Program.

E. POST-AWARD FORUM

22. Was the date, time, and location of the Post-Award Forum advertised 30 days in advance?

Yes

No

23. State website address where Post-Award Forum was advertised

New Hampshire’s public notice (<https://nhhp.org/wp-content/uploads/2022/05/2022-0614-Notice-Annual-Public-Forum-Section-1332-Waiver-Reinsurance-Program.pdf>) containing the date and time of the Forum and information about how to access the Forum webinar was posted on:

- NHHP website - <https://nhhp.org/historical-governance-documents/governance-documents-nh-reinsurance-program/>
- NHID website - <https://www.nh.gov/insurance/lah/nh-section-1332-waiver.htm>

The NHID also “blasted” the information to their broad Department mailing list.

Finally, the notice was also sent to New Hampshire’s major newspapers – Manchester Union Leader, Concord Monitor, Keene Sentinel, and Conway Daily Sun.

24. Date Post-Award Forum took place

June 14, 2022, 10:00am

25. Summary of Post-Award Forum, held in accordance with §155.1320(c), including all public comments received and actions taken in response to concerns or comments.

The post-award forum was held in accordance with §155.1320(c), including all public comments received and actions taken in response to concerns or comments.

The Forum opened with a presentation that addressed the following topics: (1) Information about the forum and logistics; (2) Introductions of NHHP and key staff from NHHP and NHID; (3) Background on the State’s Reinsurance Program and Section 1332 Waiver; (4) Program year 2022 updates; (5) Program year 2023 planning; (6) Next steps; and (7) Key contacts. A copy of the presentation (<https://nhhp.org/wp-content/uploads/2022/06/2022-0614-Public-Forum-Presentation-FINAL.pdf>) is posted on the NHHP website at <https://nhhp.org/historical-governance-documents/governance-documents-nh-reinsurance-program/>.

Following the presentation, attendees were invited to ask questions or offer comments either verbally or in

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writing via the comment function. One inquiry was received from Deb Fournier at UNH Law, who asked if it is feasible to give a rough estimate of how many lives had attachment point claims that were eligible for reinsurance reimbursement. NHHP staff said they could provide the number based on the EDGE Server report. On the webinar they noted that it is a relatively small number and then followed up with the actual number (752 claimants). Comments and questions were also invited in writing following the Forum through June 30, 2022, but no further questions or comments were submitted. A recording (<https://nhhp.org/wp-content/uploads/2022/06/2022-0614-Public-Forum-Recording-1.pdf>) of the Forum was posted on the NHHP website at <https://nhhp.org/historical-governance-documents/governance-documents-nh-reinsurance-program/>.

As noted above, the Forum was held virtually, with permission from CMS. This was done to mitigate the potential risks associated with COVID-19. The Forum was structured to allow members of the public to receive updates, ask questions, and provide comments live. As noted above, 29 individuals attended the forum.

26. Other Attachments (attach other documents as needed pertaining to Post-Award Form)

- o Remote request and approval
- o PowerPoint (hyperlinked)
- o Recording (hyperlinked)
- o Notice (hyperlinked)

F. STATE INTERNAL IMPLEMENTATION REVIEW - ATTESTATION

27. Attestation: The state attests that periodic implementation reviews related to the implementation of the waiver have been conducted in accordance with 31 CFR 33.120(b) and 45 CFR 155.1320(b).

- Yes
 No

28. Describe the state's implementation review process.

NHHP, which implements the New Hampshire Reinsurance Program, is a non-profit organization with a Board of Directors that provides oversight of the Reinsurance Program. The Board composition includes representatives from issuers, including each of the three issuers that qualify to participate in the Reinsurance Program, a representative of healthcare providers, a representative of health insurance brokers, and a representative from the NHID. Status reports and financial summaries of the Reinsurance Program are provided to the Board at every meeting. In addition, NHHP management, including the Executive Director and the New Hampshire Reinsurance Program Director, meet regularly with representatives of the NHID to discuss the program, including implementation and any issues that arise. In these meetings, a work plan describing all required actions, milestones, and reporting requirements is maintained and the progress/status of action items is reviewed.

The Actuarial Workgroup meets periodically throughout the year to assist with any implementation issues/decision points that arise. This workgroup is critical in providing information necessary for establishing the program parameters each year. This workgroup has also been extremely helpful with interpreting EDGE Server reports that are a component of final payment determinations.

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Each year the NHHP actuary receives enrollment and claims data from each of the eligible issuers. This data supports creation of the program parameters each year and also allows for a matching process to help ensure that claimants eligible for reinsurance payments are proper enrollees in the individual insurance plans.

The eligible carriers are also required to submit their care management program summaries to ensure that they bring the same rigor to care management for individuals who may have claims eligible for Reinsurance Program payments as they would for other members. These summaries are provided to the NH Insurance Commissioner.