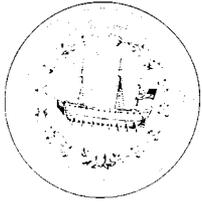


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**THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14  
CONCORD, NEW HAMPSHIRE 03301

Roger A. Sevigny  
Commissioner

Alexander K. Feldvebel  
Deputy Commissioner

August 18, 2014

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Insurance Department (NHID) to exercise a renewal option in a Memorandum of Agreement with the New Hampshire Department of Health and Human Services (DHHS), (originally approved by the Governor and Council on June 12, 2012, Item #33), to reimburse DHHS, in the amount of \$1,000,000.00, for a portion of the next three-year costs incurred by DHHS in collecting data pursuant to RSA 420-G:11-a. This is in support of NHID's premium rate review initiative to evaluate options for improving the health insurance rate review process and transparency related to health insurance premiums and medical care costs in New Hampshire. This agreement is to be effective October 1, 2014 through September 30, 2016; effective upon Governor and Council approval. 100% Federal Funds.

The funding is available in account titled Premium Rate Review Grant as follows.  
Funding for FY16 is contingent upon the availability and continued appropriations of funds.  
Funding for FY17 is contingent upon the award and acceptance of Rate Review Grant Cycle IV.

	FY2015	FY2016	FY2017
02-24-24-240010-59780000-049-500294 Transfer to Other State Agencies	\$334,000	\$333,000	\$333,000

**EXPLANATION**

The need to renew the current MOA is to continue the work being done under the original Rate Review Cycle II grant period to support improving the health insurance premium rate review process and transparency related to health insurance premiums and medical care costs in New Hampshire.

Under the grant NHID has partnered with DHHS to improve the effectiveness and transparency of the rate review process in order to best serve the people of New Hampshire. A key aspect of this work has involved an effort to maintain and improve the health benefits all-payer claims database that is administered jointly by NHID and DHHS under RSA 420-G: 11-a. Through the Memorandum of Agreement between NHID and DHHS, a portion of the grant funds will be used to support the collection of health care claims data sets, pursuant to RSA 420-G:11-a and NH Code of Admn. Rules Ins 4000, submitted annually by health insurance carriers, third-party payers, third-party administrators, and health care claims processors that provide administrative services for a self-insured plan sponsor to DHHS, or another designated agent of the NHID. These data are crucial to efforts to improve the effectiveness and transparency of the health insurance rate review process.

For this reason the Insurance Department respectfully requests that the Governor and Council approve this Memorandum of Agreement.

Your consideration of the request is appreciated.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Sevigny', written in a cursive style.

Roger A. Sevigny

**Memorandum of Agreement  
Between the New Hampshire Insurance Department  
and the  
New Hampshire Department of Health and Human Services**

**Agreement Relative to Contributing to Fund the New Hampshire  
Comprehensive Health Information System pursuant to RSA 420-G:ll-a**

**Effective October 1, 2014 through September 30, 2016  
with the option to renew upon agreement of both parties**

**Parties:**

This Memorandum of Agreement (MOA) is between the New Hampshire Department of Health and Human Services (DHHS) and the New Hampshire Insurance Department (NHID).

**Purpose of the MOA:**

The purpose of the MOA is to define the terms of the agreement of the NHID to contribute to the cost incurred by the DHHS in collecting data pursuant to RSA 420-G:11-a.

Pursuant to RSA 420-G:11-a and N.H. Code of Admin. Rules Ins 4000, health insurance carriers, third- party payers, third-party administrators and health care claims processors that provide administrative services for a self-insured plan sponsor must submit health care claims data sets annually to DHHS, or another designated agent of the NHID.

The data collected pursuant to NHID data rules are used extensively by the NHID in its analyses, and the NHID anticipates that the data collection process will be enhanced in connection with changes to the NHID premium rate review process and NHID efforts to improve health care cost transparency.

**Intent of the Parties:**

The parties intend that this MOA will enable the NHID to make a fair and reasonable contribution to DHHS for the cost of collecting the data. Under the contract, the total price for data collection is anticipated to be approximately \$1.5 million over three years, subject to continued access to Cycle III and future IV Premium Rate Review Grant funds and legislative approval of the next biennial budget. The intent of the parties in this MOA is for the NHID to contribute approximately \$1 million of the total three-year cost of data collection for State Fiscal Years 2015, 2016, and 2017, in increments based on approximately one-third per state fiscal year beginning in October 2014.

The parties intend that the option to renew this MOA will be exercised, and that the NHID will continue to contribute to the cost of the data collection with subsequent renewals. Further, the parties agree that the specific amount that the NHID will contribute to future Agreements for data collection under RSA 420-G:11-a shall be negotiated with the level dependent on available grant funds.

The parties further intend that this MOA shall not change, affect or alter any existing responsibilities or authority of the parties with regard to the collection of data pursuant to RSA 420-G:11-a.

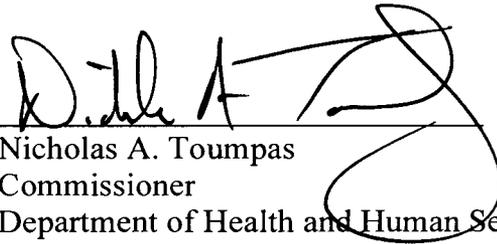
This MOA is entered into and supported by the NH Insurance Department and Department of Health and Human Services.

IN WITNESS WHEREOF, the respective parties have hereunto set their hands on the dates indicated.



\_\_\_\_\_  
Roger A. Seigny  
Commissioner  
New Hampshire Insurance Department

8-19-14  
Date



\_\_\_\_\_  
Nicholas A. Toumpas  
Commissioner  
Department of Health and Human Services

8/15/14  
Date

**Attorney General** This is to certify that the above AGREEMENT has been reviewed by this office and is approved as to form and execution.

8/21/14  
Date



\_\_\_\_\_  
Assistant Attorney General

**Secretary of State** This is to certify that the GOVERNOR AND COUNCIL on \_\_\_\_\_ approved this AGREEMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attest

\_\_\_\_\_  
Secretary of State