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## **Bulletin 441**

### **Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2021**

June 1, 2020 has been established as the uniform rate and form filing deadline for all non-grandfathered health plans and stand-alone dental plans that are subject to the Affordable Care Act and will be offered with effective dates during 2021 in the individual and small group markets in this State. This schedule will allow time for the Bureau of Insurance to transfer initial submissions to CMS by June 17, 2020, as required by the Draft Notice of Benefit and Payment Parameters Regulation and Letter to Issuers. No new products or plans may be added by a carrier after the initial submission in June. If the plan is not available across the entire State, the available areas should be finalized and specified in the initial submission.

Revisions to rate submissions are acceptable through July 22, 2020, or the deadline for submission of prefiled testimony in the first individual market rate review hearing, whichever is earlier. No rate revisions may be made after that date unless the revision is required by the Bureau or is necessary due to updated information related to risk adjustment. Updates to claims experience are not a valid reason for extending the deadline.

Maine's Innovation Waiver under ACA § 1332, for operation of the Maine Guaranteed Access Reinsurance Association (MGARA), requires the Bureau of Insurance to provide accurate reporting of the impact of MGARA on premium rates, and in particular, on the cost of the baseline Silver plan that is used to calculate the federal premium tax credits. Therefore, carriers issuing individual health plans must file an additional set of "shadow" rates for all Silver QHPs, what total premiums would have been for the plan year without the waiver and assumptions used reflecting the premiums that they would charge if MGARA were not operational in 2021.

Filings shall not assume any material changes in the applicable law after the date of the filing. In particular, unless the applicable law is changed, or some other legally binding action materially changes the structure of the cost-sharing reduction (CSR) program in 2021, rate filings shall assume that carriers will be obligated to provide CSRs to all eligible enrollees purchasing Silver



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QHPs on the Marketplace, but will not be reimbursed for the added cost of providing this additional benefit.

The initial filing deadline of June 1, 2020 applies to all carriers that will be issuing health plans in the individual and small group markets, whether or not they participate in the Marketplace. It applies to QHP (Marketplace-qualified), non-QHP, and SADP (Stand-Alone Dental) plans, and to the “binders” that contain additional information for QHP products.

Form filings, both on and off the Marketplace, must include all supporting information related to the filing in one submission. That includes, but is not limited to: Policy/Certificate, Applications, Outline of Coverage, Notice of Coverage, Schedule of Benefits, and Summary of Benefits and Coverage.

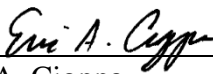
A bill currently pending in the Legislature, LD 2007, proposes to require each medical plan, except for HSA-compatible plans, to cover one primary care visit and one behavioral health visit without cost sharing (before the deductible), effective January 1, 2021. In addition, the second and third primary care and behavioral care visits will be covered before the deductible with a copay. If that legislation is enacted, carriers’ rate filings should demonstrate that the change in cost sharing for these visits does not increase the overall cost of the plan. Instead, carriers are expected to make adjustments to other cost sharing levels if necessary.

The Bureau anticipates a 5-business-day turnaround to requested additional information or filing modification. Rates will be treated as public documents when submitted. Forms will be public when they are approved by the Bureau. Rates and forms should be submitted separately and cross-referenced to each other on the corresponding filings.

Carriers must follow the SERFF Form and Rate General Instructions page for further instructions and additional requirements. For plans to be offered on the Marketplace, carriers must follow the Plan Management General Instructions page.

The final transfer date is August 19, 2020, for QHP and SADP issuers. The URRT must be finalized in HIOS before that date.

March 9, 2020

  
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NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Bureau of Insurance if additional information is needed.