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## Bulletin 416

### **Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2018**

May 2, 2017 has been established as the uniform rate and form filing deadline for all non-grandfathered health plans and stand-alone dental plans subject to the Affordable Care Act in the individual and small group markets in this state, offered with effective dates during 2018. This will allow time for the Bureau of Insurance to transfer initial submissions on May 3, 2017 to CMS as required by the Final 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 May. 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 up until July 17, 2017. 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 due to recent claims experience will only be accepted before the July 17 deadline.

The initial filing deadline of May 2, 2017 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. Carriers should use the new age curve, including the new child age factors required by the Final Notice of Benefit and Payment Parameters Regulation. 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.



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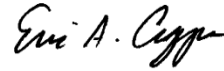
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Carriers must follow the SERFF Form and Rate General Instructions page for further instructions and additional requirements. For plans to be offered on the Marketplace, carriers must follow the Plan Management General Instructions page.

The final transfer date is August 21, 2017 for QHP and SADP issuers. For carriers that participate in the Marketplace, the URRT must be finalized in HIOS by that date. For carriers that do not participate in the Marketplace, the URRT (Uniform Rate Review Template) must be finalized in HIOS by October 6, 2017.

February 6, 2017



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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.