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## **Bulletin 427**

### **Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2019**

June 4, 2018 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 2019 in the individual and small group markets in this State. This schedule will allow time for the Bureau of Insurance to transfer initial submissions by June 20, 2018 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 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 25, 2018, 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.

The Bureau anticipates that an application for an Innovation Waiver under ACA § 1332, seeking the reactivation of the Maine Guaranteed Access Reinsurance Association (MGARA), will still be pending on the filing date. If so, carriers should file two sets of rates, with and without the assumption that MGARA will be reactivated. The rates that are contingent on MGARA's reactivation shall assume a \$4 PMPM marketwide assessment, and for individual policies, shall assume reinsurance recoveries consistent with the proposed attachment points, reinsurance premiums, and anticipated federal funding included in the Bureau's Section 1332 Waiver application.

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 2019, rate filings shall assume that carriers will be obligated to provide CSRs to all eligible enrollees purchasing Silver QHPs on the Marketplace, but will not be reimbursed for the added cost of providing this additional benefit.



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The initial filing deadline of June 4, 2018 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.

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 22, 2018, 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 15, 2018.

April 18, 2018

  
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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.