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Bulletin 446
Updated Uniform Deadlines for Rate, Form, and QHP Filings
for Non-Grandfathered Individual and Small Group Health Plans
With Effective Dates of Coverage During 2021

(Supersedes Bulletin 441)

Because the COVID-19 pandemic has raised the level of uncertainty surrounding claims exposure at the same time as it has reduced the resources available for carriers to prepare rate filings, it is in the interest of health insurance carriers and the general public to provide as much time as possible to prepare and file 2021 individual and small group health insurance rates. However, at this writing, the federal Centers for Medicare and Medicaid Services (CMS), has not revised its deadlines for 2021 Qualified Health Plan (QHP) filings, so the extension the Bureau is able to provide is limited. As set forth below, the schedule for 2021 filings has been revised to extend the initial filing deadline from June 1 to June 16. In addition, Bulletin 441 is further revised to reflect the enactment of the Made for Maine Health Coverage Act, which was still pending at the time Bulletin 441 was issued.¹ In addition to reducing the cost sharing carriers may require in 2021 for primary and behavioral health care visits, as discussed in Bulletin 441, the law as enacted also affects the calculation of “shadow premiums” for silver plans by repealing the language making the Maine Guaranteed Access Reinsurance Association (MGARA) assessment contingent on the grant of an innovation waiver under Section 1332 of the federal Affordable Care Act (ACA).²

June 16, 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 Proposed Notice of Benefit and Payment Parameters Regulation and Draft Letter to Issuers. No new products or plans may be added by a carrier after

¹ P.L. 2019, ch. 653, effective June 16, 2020.

² P.L. 2019, ch. 653, § B-12, *amending* 24-A M.R.S. § 3953(1).



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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 the operation and funding of 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 the Innovation Waiver were not in effect in 2021. Because the \$4 per member per month assessment is no longer contingent on the Innovation Waiver, this assessment should now be recognized as an expense when calculating these alternative Silver premiums.

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

The initial filing deadline of June 16, 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.

The Made for Maine Act will require each medical plan, except for HSA-compatible and Catastrophic plans, to cover one primary care office visit and one behavioral health office 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 but a copayment may be charged.³ 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.

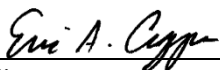
³ 24-A M.R.S. § 4320-A(3), enacted by P.L. 2019, ch. 653.

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.

April 24, 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.