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Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2022

The uniform rate and form filing deadline is June 15, 2021 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 2022 in the individual and small group markets in this State. This schedule will allow time for the Bureau of Insurance (Bureau) to transfer initial submissions to CMS by June 16, 2021, 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 the initial submission in June unless required by the Bureau. If the plan is not available across the entire State, the available areas should be finalized and specified in the initial submission.

In light of the State's planned transition to a State-Based Marketplace for Plan Year 2022, this year's filings will initially require dual submission to both CMS and the State-Based Marketplace. We will continue to use all CMS required templates and do not anticipate that any specific state templates will be required for this year.

Revisions to rate submissions are acceptable through July 20, 2021, 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 Maine Guarantee 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, detailing what total premiums would have been for the plan year without the waiver and the assumptions used to develop the premiums if the Innovation Waiver were not in effect in 2022. The filing should include details of the impact of the waiver to account for changes in risk adjustment

transfers, morbidity, and variable non-benefit expenses. Issuers should not include conservatism for market effects when measuring the impact of reinsurance. Because the MGARA $4 per member per month assessment is not 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 2022, 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 15, 2021 applies to all carriers that will be issuing health plans in the individual and small group markets, whether or not they participate in the State Based Marketplace. It applies to QHP (State Based 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 State-Based 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 Health Coverage Act requires Clear Choice and a limited number of alternate plans to be offered in the individual market beginning January 1, 2022. Carriers may assume in their filings that small group Clear Choice plans will be delayed until 2023. Until Rule 851 is finalized, the cost structure presented for the proposed rule should be used for filings. For in-force plans that are being replaced in 2022, the required crosswalk template must accompany the filings to demonstrate which new plans will replace the prior plans. The crosswalk filing must include a complete explanation describing how the current plan is similar to the replacing plan.

The Bureau anticipates a 5-business-day turnaround to requested additional information or filing modification. Rates are 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 revised SERFF Form and Rate General Instructions page for further instructions and additional requirements. For plans to be offered on the State-Based Marketplace, carriers must follow the revised Plan Management General Instructions page.

The final transfer date is August 18, 2021, for QHP and SADP issuers. The URRT must be finalized in HIOS before that date.

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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.