



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE



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Bulletin 463

Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans With Effective Dates of Coverage During 2023

The uniform rate and form filing deadline is June 27, 2022 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 2023 in the merged 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 July 20, 2022, 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.

Maine will continue to operate on a State-Based Marketplace. We will continue to use all CMS-required templates. State-specific templates will be announced by the Marketplace. SERFF will allow direct transfer of rates in the URRT to HIOS. CMS has requested separate individual and small group filings, but rates will use the single risk pool of the merged market. Small group rates may be trended quarterly for groups renewing/enrolling throughout the year.

Carriers may distinguish individual and small group in that version of the plan name. Clear Choice must specifically state “Clear Choice” and not CC. CSR variations must be clearly identified. For example: [Clear Choice Bronze 4500 *etc.*][company preferred name/branding][CSR 94/CSR 87/CSR 73/CSR 100/CSR LCS].

Revisions to rate submissions are acceptable through July 20, 2022, 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, the expansion of federal premium support currently provided under the American Rescue Plan Act of 2021 (ARPA), or Maine’s Innovation Waiver under ACA § 1332. Updates to claims experience are not a valid reason for extending the deadline.

Maine’s Section 1332 Waiver, for the operation and funding of Maine Guaranteed Access Reinsurance Association (MGARA), requires the Bureau of Insurance to provide accurate reporting on 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 must file an additional set of “shadow” rates for all Marketplace 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 2023. 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

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assessment is not contingent on the Section 1332 Waiver, this assessment should 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 2023, 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. An extension of ARPA subsidies should not be assumed in the 2023 rates.

The initial filing deadline of June 27, 2022 applies to all carriers that will be issuing health plans in the merged 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.

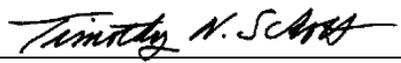
The Made for Maine Health Coverage Act requires Clear Choice and a limited number of alternate plans to be offered in the merged individual-small group market for January 1, 2023.¹ A complete explanation describing how the current plan is similar to the replacing plan for the required crosswalk template must accompany the filings to demonstrate which new plans will replace the prior plans.

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 Plan Management General Instructions page.

The final transfer date is October 17, 2022, for QHP and SADP issuers. The URRT must be finalized in SERFF for transfer to HIOS before that date.

April 26, 2022



Timothy N. Schott
Acting Superintendent of Insurance

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.

¹ 24-A M.R.S. ch. 34-B (§§ 2791–2793), as amended by P.L. 2021, ch. 361.

