**Maine Bureau of Insurance  
Form Filing Review Requirements Checklist**

**Prescription Drug Coverage Only - Group (H17G) and Individual (H17I)**

**(Revised 09/09/2021)**

**Confirm compliance and IDENTIFY the LOCATION (page number, section, paragraph, etc.) of the STANDARD IN FILING in the last column. N/A: Check this box if a contract does not have to meet this requirement and EXPLAIN WHY in the last column.**

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| --- | --- | --- | --- | --- |
| **State Benefit/Provision and/or ACA Requirement** | **State  Law/ Rule and/or  Federal Law** | **State Description of Requirement and/or ACA Description of Requirement** | **N/A**  **🡪** | **CONFIRM COMPLIANCE**  **AND IDENTIFY LOCATION OF STANDARD IN FILING**  **CARRIER MUST EXPLAIN WHY THEY BELIEVE REQUIREMENT** IS NOT APPLICABLE |
| **General Submission Requirements** | | | | |
| Electronic (SERFF) Submission Requirements | [24-A M.R.S.A. §2412 (2)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2412.html)  [Bulletin 360](http://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdf) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See <http://www.serff.com>. | ☐ |  |
| FILING FEES | [24-A M.R.S.A. §601(17)](http://legislature.maine.gov/statutes/24-A/title24-Asec601.html) | $20.00 for Rate filings, rating rules filings, insurance policy, forms, riders, endorsements and certificates. See General Instructions page in SERFF for additional information on filing fee structure.  Filing fees must be submitted by EFT in SERFF at the time of submission of the filing.  All filings require a filing fee unless specifically excluded per 24-A M.R.S.A. §4222(1), and/or are a required annual report. | ☐ |  |
| Grounds for disapproval | [24-A M.R.S.A. §2413](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. | ☐ |  |
| Readability | [24-A M.R.S.A. §2441](http://legislature.maine.gov/statutes/24-A/title24-Asec2441.html) | Minimum of 50.  Riders, endorsements, applications all must be scored. They may be scored either individually or in conjunction with the policy/certificate to which they will be attached. Exceptions: Federally mandated forms/language, Groups > 1000, Group Annuities as funding vehicles. Scores must be entered on form schedule tab in SERFF. | ☐ |  |
| Variability of Language | [24-A M.R.S.A. §2412](http://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)   [§2413](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Forms with variable bracketed information must include all the possible language that might be placed within the brackets. The use of too many variables will result in filing disapproval as Bureau staff may not be able to determine whether the filing is compliant with Maine laws and regulations. | ☐ |  |
| **General Policy Provisions** | | | | |
| Applicant's statements - Group | 24-A M.R.S.A. [§2817](http://legislature.maine.gov/statutes/24-A/title24-Asec2817.html) | No statement made by the applicant for insurance shall void the insurance or reduce benefits unless contained in the written application signed by the applicant; and a provision that no agent has authority to change the policy or to waive any of its provisions; and that no change in the policy shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the policyholder and the insurer. | ☐ |  |
| Designation of Classification of Coverage | [24-A M.R.S.A. §2694](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2694.html)  [Rule 755, Sec. 6](http://www.maine.gov/sos/cec/rules/02/031/031c755.doc) | The heading of the cover letter of any form filing subject to this rule shall state the category of coverage set forth in 24-A M.R.S.A. §2694 that the form is intended to be in. | ☐ |  |
| Explanations Regarding Deductibles | [24-A M.R.S.A. §2413](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2413.html) | All policies must include clear explanations of all of the following regarding deductibles:   1. Whether it is a calendar or policy year deductible. 2. Clearly advise whether non-covered expenses apply to the deductible. 3. Clearly advise whether it is a per person or family deductible or both. | ☐ |  |
| Grace Period | [24-A M.R.S.A. §4209 (6)](http://legislature.maine.gov/statutes/24-A/title24-Asec4209.html)  24-A M.R.S.A. §2809-A  24-A M.R.S.A. §2707  [Bulletin 288](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/288.pdf) | 30 or 31 days. | ☐ |  |
| Notice of Policy Changes and Modifications | [24-A M.R.S.A. §2850-B(3)(I)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2850-B.html) | In renewing an individual or small group policy, a carrier may make minor modifications to the coverage, terms and conditions of the policy consistent with other applicable provisions of state and federal laws as long as the modifications meet the conditions specified in this paragraph and are applied uniformly to all policyholders of the same product. | ☐ |  |
| Notice of Rate Increase - Individual | 24-A M.R.S.A. §2735-A  24-A M.R.S.A. [§4222-B(20)](http://legislature.maine.gov/statutes/24-A/title24-Asec4222-B.html) | Requires that insurers provide a minimum of 60 days written notice to affected policyholders prior to a rate filing for individual health plans as defined in [section 2736](http://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-C. It specifies the requirements for the notice. See these sections for more details. Reasonable notice must be provided for other types of policies. | ☐ |  |
| Rates - Small Group | [24-A M.R.S.A §2808-B (2-A)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | A carrier offering a small group health plan, as defined in [section 2736](http://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-C, shall file with the superintendent the community rates for each plan and every rate, rating formula and classification of risks and every modification of any formula or classification that it proposes to use.  A. Every filing must state the effective date of the filing. Every filing must be made not less than 60 days in advance of the stated effective date, unless the 60-day requirement is waived by the superintendent. The effective date may be suspended by the superintendent for a period of time not to exceed 30 days.  B. A filing and all supporting information, except for protected health information required to be kept confidential by state or federal statute and except for descriptions of the amount and terms or conditions or reimbursement in a contract between an insurer and a 3rd party, are public records notwithstanding Title 1, section 402, subsection 3, paragraph B and become part of the official record of any hearing held pursuant to subsection 2-B, paragraph B or F.  C. Rates for small group health plans must be filed in accordance with this section and subsections 2-B and 2-C for premium rates effective on or after July 1, 2004, except that the filing of rates for small group health plans are not required to account for any payment or any recovery of that payment pursuant to subsection 2-B, paragraph D and former section 6913 for rates effective before July 1, 2005.  **PLEASE NOTE: Rates must be filed simultaneously with the forms. Forms submitted in advance of rates, will not be approved until rates have been filed, reviewed and approved. If forms are being revised and there is no effect on current rates, please indicate so in the filing cover letter.** | ☐ |  |
| Rates - Individual | [24-A M.R.S.A §2736](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2736.html) | Every insurer shall file for approval by the superintendent every rate, rating formula, classification of risks and every modification of any formula or classification that it proposes to use in connection with individual health insurance policies, as defined in [section 2736](http://legislature.maine.gov/statutes/24-A/title24-Asec2736.html)-C, and certain group policies specified in section 2701. If the filing applies to individual health plans as defined in section 2736-C, the insurer shall simultaneously file a copy with the Attorney General. Every such filing must state the effective date of the filing. Every such filing must be made not less than 60 days in advance of the stated effective date, unless the 60-day requirement is waived by the superintendent, and the effective date may be suspended by the superintendent for a period of time not to exceed 30 days. A filing required under this section must be made electronically in a format required by the superintendent unless exempted by rule adopted by the superintendent.  **PLEASE NOTE: Rates must be filed simultaneously with the forms. Forms submitted in advance of rates, will not be approved until rates have been filed, reviewed and approved. If forms are being revised and there is no effect on current rates, please indicate so in the filing cover letter.** | ☐ |  |
| Renewal of policy | [24-A M.R.S.A. §4207](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec4207.html)  [Rule 191 §9(G)](http://www.maine.gov/sos/cec/rules/02/031/031c191.doc)  [§2820](http://legislature.maine.gov/statutes/24-A/title24-Asec2820.html)  §2738 | There shall be a provision stating the conditions for renewal. | ☐ |  |
| Representations in Applications - Group | 24-A M.R.S.A. [§2818](http://legislature.maine.gov/statutes/24-A/title24-Asec2818.html) | There shall be a provision that all statements contained in any such application for insurance shall be deemed representations and not warranties. | ☐ |  |
| Third Party Notice, Cancellation and Reinstatement | [24-A M.R.S.A. §2847-C](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2847-C.html)  24-A M.R.S.A. [§2707-A](http://legislature.maine.gov/statutes/24-A/title24-Asec2707-A.html),  [Rule580](http://www.maine.gov/sos/cec/rules/02/031/031c580.doc) | Must provide third party notice 10 days prior to cancellation and reinstatement for cognitive impairment or functional incapacity. | ☐ |  |
| Time for suits - Group | [24-A M.R.S.A. §2828](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2828.html) | There shall be a provision that from the date of issue of a policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability, as defined in the policy, commencing after the expiration of such 3-year period. | ☐ |  |
| **Prescription Drugs** | | | | |
| Diabetes supplies | 24-A M.R.S.A. [§2847-E](http://legislature.maine.gov/statutes/24-A/title24-Asec2847-E.html)  §2754  §4240 | Benefits must be provided for medically necessary equipment and supplies used to treat diabetes (insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets) and approved self-management and education training authorized by the State's Diabetes Control Project within the Maine Bureau of Health. | ☐ |  |
| Off-label use of prescription drugs for cancer and HIV or AIDS | 24-A M.R.S.A. [§2837-F](http://legislature.maine.gov/statutes/24-A/title24-Asec2837-F.html)  [§2837-G](http://legislature.maine.gov/statutes/24-A/title24-Asec2837-G.html)  §2745-E  §2745-F  §4234-D  §4234-E | Coverage required for off-label use of prescription drugs for treatment of cancer, HIV, or AIDS. | ☐ |  |
| Prescription synchronization - Individual | [24-A M.R.S.A. §2769](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2769.html) | If a health plan provides coverage for prescription drugs, a carrier:    A. Shall permit and apply a prorated daily cost-sharing rate to a prescription that is dispensed by a pharmacist in the carrier's network for less than a 30-day supply if the prescriber or pharmacist determines that filling or refilling the prescription for less than a 30-day supply is in the best interest of the patient and the patient requests or agrees to less than a 30-day supply in order to synchronize the refilling of that prescription with the patient's other prescriptions;    B. May not deny coverage for the dispensing of a medication prescribed for the treatment of a chronic illness that is made in accordance with a plan developed by the carrier, the insured, the prescriber and a pharmacist to synchronize the filling or refilling of multiple prescriptions for the insured. The carrier shall allow a pharmacy to override any denial codes indicating that a prescription is being refilled too soon in order to synchronize the patient's prescriptions; and    C. May not use payment structures incorporating prorated dispensing fees. Dispensing fees for partially filled or refilled prescriptions must be paid in full for each prescription dispensed, regardless of any prorated copay for the insured or fee paid for alignment services.    2.  Application; exclusion. The requirements of this section do not apply to a prescription for:    A. Solid oral doses of antibiotics; or    B. Solid oral doses that are dispensed in their original container as indicated in the federal Food and Drug Administration Prescribing Information or are customarily dispensed in their original packaging to assist a patient with compliance. | ☐ |  |