

Instructions for Completion of Maine Bureau of Insurance Report Form 945 (Annual Report Supplement)

General Information:

The Annual Report Supplement is required of all health insurers and HMOs for new and renewal business. This includes all excess insurance (Stop Loss) as defined in 24-A M.R.S.A. § 707(1)(C-1), coverage issued under the Federal Employee Health Benefits Program, and short-term medical coverage as defined in 24-A M.R.S.A. § 2849-B(1).

Submit this report on or before March 1, 2010. If your company provided only accidental injury, specified disease, hospital indemnity, dental, vision, disability income, long-term care, Medicare Supplement or other limited benefit health insurance as defined in Maine Rule Chapter 755 then enter only the company information and contact information at the top (Company name, NAIC number, person completing form, address, phone, e-mail) and submit the form. You do not have to complete other sections. The NAIC number was supplied in the e-mail notification sent to you. If you do not know your company's NAIC number, please contact our office.

Instructions and Definitions by Question: Record information for Maine claims only in separate columns for each of the categories defined below. If your company did not have any written premium for health insurance last year, please complete the Company and Contact Information section at the top of the page and submit it. This should take only a couple of minutes and will ensure that you do not receive a non-response follow-up notice.

All responses should be sent by e-mail to: Bradford.L.Brown@maine.gov. If you have questions regarding completion of the form call Brad Brown at (207)-624-8478 or Ken Gardiner at (207)-624-8469. If you have questions regarding the laws or definitions, please call Marti Hooper at (207)-624-8449.

Definitions of Categories:

- Fully insured large groups, meaning all group and blanket policies, including Federal Employees Health Benefits Program, other than small groups and Dirigo groups
- Fully insured small groups (1-50 employees) as defined by 24-A M.R.S.A. § 2808-B, excluding Dirigo groups
- Fully insured individuals, including short-term coverage and excluding Medicare Advantage plans and Dirigo individuals
- Dirigo groups (issued pursuant to 24-A M.R.S.A. Chapter 87)
- Dirigo individuals (issued pursuant to 24-A M.R.S.A. Chapter 87)
- Stop-loss (employee benefit excess insurance as defined in 24-A M.R.S.A. § 707(1)(C-1))

Which Version to Complete: There are two versions of the report. The Maine Annual Report Supplement Short Form is to be filled out by companies with less than \$2 million in direct written health insurance premium in State of Maine. The Maine Annual Report Supplement

(Long Form) is to be filled out by companies with \$2 million or more in direct written health insurance premium in the State of Maine.

The **short form** is found at

http://www.maine.gov/pfr/insurance/forms/excel/Rule945_short.xls. Information is reported on a statewide basis and is net of any reinsurance ceded. Report for each of the categories listed above the net premium income, total revenues, total medical and hospital expenses, total claims adjustment and administrative expenses, increase in revenues, and net underwriting gain or loss. Please see Rule Chapter 945, Appendix B for more information about what to report: <http://www.maine.gov/sos/cec/rules/02/031/031c945.doc>.

The **long form** is found at <http://www.maine.gov/pfr/insurance/forms/excel/Rule945.xls>. The long form contains eight tabs at the bottom of the screen. The majority of the information that you provide correspond to line items from the Statement of Revenue and Expenses, the Underwriting and Investment Exhibit, Part 3 – Analysis of Expenses and the Exhibit of Premiums, Enrollment and Utilization, which are contained in the health annual statutory financial statements. For insurers completing life and accident and health (Life) or property and casualty (P&C) annual statutory financial statements, a portion of the information required is contained within Schedule H – Accident and Health Exhibit—of those annual statutory financial statements. Some line items may not tie directly to any exhibits in the Life or P&C statements. For these items, the reporting entity may look to the instructions for the health statement for guidance. For more information, please see Rule Chapter 945, Appendix A: <http://www.maine.gov/sos/cec/rules/02/031/031c945.doc>.

Parts of the Long Form

- **PART 1** contains the form for entering State-wide data regarding Member and Contract information, Revenue information, Expense information, and Utilization Statistics by Category (See definition of Categories above). As indicated on the reporting form, some items are entered directly in PART 1 while others are calculated as the sum of items in Parts 2-a through 2-e.

One copy of PART 2 of the form must be completed for each region in which your company has health insurance business.

- **PART 2-a** contains the form for entering Regional data for zip codes 039, 040, and 041.
- **PART 2-b** contains the form for entering Regional data for zip code 042.
- **PART 2-c** contains the form for entering Regional data for zip codes 043, 045, 046, 048 and 049.
- **PART 2-d** contains the form for entering Regional data for zip code 044.
- **PART 2-e** contains the form for entering Regional data for zip code 047.

- **PART 3** enter the allocation method (actual, allocated, or combination) by region and category of policyholder to indicate how the data in PART 1 and PARTS 2-a through 2-e were determined.

Comments: For each item marked as either Allocated or Combination in **Part 3**, you must provide explanation for the Allocation by Region or Allocation by Category.