

Completing the Maine Bureau of Insurance Rule 945 Long Form

Who Must File the Maine Rule 945 Long Form?

All companies with Health insurance authority in Maine that had \$5 million or more in direct written Health insurance premium for major medical and stop loss combined in Maine during the reporting year must file a 945 Long form by March 1st.

This includes:

- Health insurers and HMOs with new or renewing medical coverage
- Companies providing Excess Insurance (Stop Loss) as defined in 24-A M.R.S.A. § 707(1)(C-1)
- Companies providing coverage issued under the Federal Employees Health Benefits Program (your information should be included under Large Group)
- Companies providing Short-Term medical coverage as defined in 24-A M.R.S.A. § 2849-B(1)

Data to Include

- You should report only major medical data and stop loss.
- Information is to be reported NET of any reinsurance ceded.
- Currency information is to be rounded to the nearest dollar. Do not include cents.

Data to Exclude

- Accidental Injury
- Specified Disease
- Hospital Indemnity
- Dental
- Vision
- Disability Income
- Long-Term Care
- Medicare Supplement
- Medicare Part D (Prescription Drug Service)
- Medicare Advantage
- Medicare Fee for Service
- Medicaid
- Other Limited Benefit Health Insurance defined in [Rule Chapter 755](#).

Note

Companies reporting any data on the Maine 286-A report in line 2 (Medical – Large Group > 50) or line 3 (Medical – Small Group <=50) or line 4 (Medical – Individual), or line 11 (Stop Loss) or line 12 (Short-Term Medical) must complete the entire 945 Long form. Although the 286-A report is not due until April 1, it would be helpful to prepare it before completing the 945 report.

Location of Report Form

<http://www.maine.gov/pfr/insurance/forms/excel/945LongForm.xls>

Sections to Complete

The Long Form is an Excel spreadsheet containing eight tabs at the bottom. You must report information for each of the eight tabs.

1. Sections I-III. Company Data
2. Statewide Data
3. Area 1 Data
4. Area 2 Data
5. Area 3 Data
6. Area 4 Data
7. Allocation Method
8. Comments

Enter information into the yellow cells only. The gray cells are either calculations or are not to be completed.

Policyholder Categories

- Large Group: Fully insured large groups, meaning all group and blanket policies--including Federal Employees Health Benefits Program--other than small groups
- Small Group: Fully insured small groups (1-50 employees) as defined by 24-A M.R.S.A. § 2808-B
- Individuals: Fully insured individuals, including short-term coverage and excluding Medicare Advantage plans
- Stop Loss: Employee benefit excess insurance as defined in 24-A M.R.S.A. § 707(1)(C-1)
- Total: The sum of Large Group, Small Group, Individuals and Stop Loss

Where to Obtain the Information

The majority of the information that you provide corresponds to line items from the Statement of Revenues and Expenses, the Underwriting 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 the 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, you may look to the instructions for the Health statement for guidance.

Allocation Method

On the Allocation Method tab, indicate how the data you report in the Statewide Data tab and the Area tabs were determined (i.e., Actual, Allocated or Combination). For each line item marked as Allocated or Combination, provide an explanation in the Comments tab of the basis used when allocating revenues or expenses. As an example, Rent expense may be allocated across all reporting categories. In this case, the reporting entity would indicate that Rent expense is Allocated along with the method used to allocate the expense. **Actual amounts must be reported for lines 6-13, 15-24, 26-28, 30, and 33 to the extent feasible.** An exception to this requirement is that allocation by region is acceptable if the insurer has fewer than 1,200 member months in the region. Otherwise, if allocation is used for any of these lines, the reporting entity must provide an explanation of why it is not feasible to report Actual amounts.

Edit Checks

Companies are expected to compare their data against the edit checks before submitting the data to the bureau. The Long Form edit checks are located at: <http://www.maine.gov/pfr/insurance/forms/excel/Rule945LongFormComparisons.xls>. Companies failing any of the edit checks must either correct the data or verify that the information is correct and explain why. Explanations must be provided with the company's report at the time the data is submitted.

Return Completed Form To

Save the report form and send it as an e-mail attachment to
Barbra.L.Garboski@maine.gov.

Questions about the Report May be Directed To

Brad Brown – Phone: (207)-624-8478 or E-Mail: Bradford.L.Brown@maine.gov.