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# **2023 ANNUAL REPORT FROM THE SUPERINTENDENT OF THE MAINE BUREAU OF INSURANCE TO THE LEGISLATURE**

Incorporating the Consumer Health Care Division  
Annual Report to the Legislature for 2023  
and the Division's Annual Report on External Reviews

Prepared by the Maine Bureau of Insurance

October 2024

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Governor

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# I. INTRODUCTION

## OVERVIEW

The Maine Bureau of Insurance (the Bureau) regulates insurance companies, producers and agents, as well as other entities engaged in the business of insurance. The Bureau enforces solvency standards, as well as consumer protections, under the Maine Insurance Code.

In addition to the Bureau's primary function as a regulator, a large part of its mission involves consumer assistance and education. Staff in both the Consumer Health Care Division and the Property and Casualty Division respond to consumer calls and written inquiries and investigate written complaints to ensure carrier compliance with Maine law. If staff determine that there may be serious violations or a pattern of violations, the issue may be turned over to the Bureau's Market Regulation Unit for further investigation or to the Bureau's legal staff for possible enforcement action.

In 2023, there were 1,487 insurance carriers doing business in Maine. The 20 carriers domiciled in the state received more than \$9.2 billion in total premiums across all jurisdictions and the total premiums for both domestic and foreign insurers in Maine was more than \$10.7 billion.

The Bureau's regulatory and consumer-focused activities resulted in payments to Maine consumers and businesses, as well as payments to the State.

- Restitution paid to insured Maine individuals and businesses by carriers, following investigations and hearings conducted by the Bureau, totaled \$4,583,558.
- Penalties and settlement payments to the State by insurance carriers and producers in 2023 totaled \$112,367.26.

Pursuant to Title 24-A M.R.S.A. § 4321(J), this report also details the 2023 activities of the Consumer Health Care Division (CHCD), including external review records as required by § 4312 (7-A).

## HEALTH INSURANCE MARKETPLACE INITIATIVE – MERGED INDIVIDUAL AND SMALL GROUP MARKET

Bureau staff play an active role in regulating the health insurance Marketplace established by the Affordable Care Act (ACA). In 2022, Maine received approval from the Centers for Medicare and Medicaid Services (CMS) for its amended Section 1332 State Innovation Waiver, which merged the individual and small group markets into a single risk pool and extended the stabilizing protections of the Maine Guaranteed Access Reinsurance Association (MGARA) to small groups, starting in plan year 2023. MGARA was relaunched for the individual market in 2019 following approval of the Bureau's original Section 1332 State Innovation Waiver. The waiver amendment also allowed for quarterly rating adjustments for non-calendar year small group coverage. The amended Section 1332 waiver was the first in the nation to provide the stabilizing benefits of a reinsurance program to small groups.

## **SMALL BUSINESS HEALTH INSURANCE PREMIUM RELIEF PROGRAM**

Work to support the small group market included the Bureau's administration of the temporary Small Business Health Insurance Premium Relief Program, established through Governor Mills's Maine Jobs and Recovery Plan in 2021. During 2023, the program provided premium payment relief to Maine small businesses (those with 50 or fewer employees) who were enrolled in a fully-insured, small group comprehensive health insurance plan. All major medical insurers in the fully insured market participated. The program launched on November 1, 2021, with \$39 million in federal funding from the American Rescue Plan Act. In 2023, the program received an additional \$6.5M of funding and was extended for three months through July 2023. During the life of the program, over \$42.6 million was dispersed to more than 5,800 small businesses, providing premium relief to over 29,000 employees and their dependents.

## **NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**

Interstate cooperation and information sharing are key elements of regulating national insurance companies in a state-based regulatory system. The National Association of Insurance Commissioners (NAIC) facilitates this process. The forums and tools offered by the NAIC provide critical resources for the Bureau's regulatory responsibilities. The NAIC also accredits state insurance departments, ensuring that each state's financial regulation is sufficient to oversee its domestic market. The Bureau has been accredited by the NAIC since 1993 and has been an active participant in NAIC initiatives and working groups. Staff throughout the Bureau are members of NAIC committees and participate in NAIC trainings, which address ongoing and emerging issues critical to the successful regulation of the insurance industry and to the protection of consumers.

The Bureau also participates in supervisory colleges held by insurer groups' domiciliary states. Regulators whose states are responsible for affiliate companies of the insurance group and international regulators participate in these colleges, which allow regulators to assess the risks borne by the subject insurance group and the risk mitigation strategies employed. Participation in both the NAIC forums and supervisory colleges enhances the Bureau's ability to monitor and proactively address regulatory issues.

## II. BUREAU OF INSURANCE DIVISIONS AND UNITS

### CONSUMER HEALTH CARE DIVISION

Pursuant to Title 24-A M.R.S.A. § 4321(J), this portion of the report details the 2023 activities of the Consumer Health Care Division (CHCD), including external review records as required by § 4312 (7-A). The CHCD provides consumer assistance, outreach, and oversight of insurance companies for compliance with the Insurance Code (Titles 24 and 24-A) and Bureau regulations.

The CHCD is responsible for regulation related to health, Medicare supplement, disability, long-term care, annuities, and life insurance. The division regularly conducts the following:

- Investigates and resolves consumer complaints, including determinations of medically necessary care and complex health questions;
- Responds to consumer inquiries, and assists consumers in understanding their rights and responsibilities;
- Participates in public-private efforts to improve health policy;
- Develops outreach and educational materials, and conducts outreach activities;
- Reviews and approves forms, such as certificates of coverage and summaries of benefits;
- Provides oversight of the medical and long-term care external review processes and contracts with independent review entities;
- Oversees an Independent Dispute Resolution (IDR) process and contracts with an independent IDR entity;
- Assists in bringing enforcement actions against licensed entities when violations occur;
- Reviews managed health care plans for compliance with Maine's provider network adequacy standards;
- Reviews and approves registrations for preferred provider arrangements (PPAs);
- Licenses medical utilization review entities (UREs) and pharmacy benefits managers (PBMs);
- Coordinates compliance with the ACA as it pertains to the commercial health insurance market; and
- Drafts legislative reports and regulations.

#### Consumer Inquiries

CHCD provides assistance and information to consumers. Staff members answer callers' questions, refer them to the Bureau's website ([www.maine.gov/insurance](http://www.maine.gov/insurance)) for additional information, and mail issue-related brochures as needed. They also respond to written inquiries, in-person conversations by consumers either at the Bureau office or at outreach events, and constituent referrals from legislators, the Governor's office, and members of Congress.

For topics not within the Bureau's jurisdiction, CHCD staff refer consumers to the appropriate agency. For example, if consumers have questions about MaineCare, the State's Medicaid program, staff refer them to the Maine Department of Health and Human Services. Those with questions about federal laws are referred to the appropriate federal agency.

## **Consumer Complaints**

Staff investigate written, signed consumer complaints. Consumers completing a CHCD complaint form – either in hard copy or electronically through the Bureau’s website—authorize staff to contact insurance companies to investigate the dispute on their behalf.

When a written and signed complaint is received for which CHCD has jurisdiction, a staff investigator is assigned to the case. The investigator directs the insurance carrier to respond to the consumer’s allegations within statutory deadlines. CHCD staff review the carrier’s response and supporting documentation to determine if these comply with the terms of the insurance policy, as well as with laws and regulations. The complainant is kept informed of the progress of the investigation and may be asked to provide additional information. Complex issues may require significant staff time to gather facts and correspond with relevant parties.

In a case involving an urgent need for assistance – e.g., denial of a surgical procedure, medication, or inpatient stay – CHCD staff can promptly intervene on behalf of the consumer to ensure that the carrier complies with its legal and contractual obligations.

If the insurer has inappropriately denied a claim or otherwise acted improperly, the Bureau works to make sure the company abides by its contractual obligations to the consumer according to the law and the insurance policy’s requirements. If the insurer has acted properly, staff explain the basis and rationale for this conclusion to the consumer.

The Bureau sometimes receives complaints involving issues over which it has no jurisdiction, such as for Employee Retirement Income Security Act (ERISA) plans (i.e., benefit plans that are self-funded by an employer and not purchased from an insurance company). In such cases, the jurisdictional issue is explained, and the consumer is directed to the appropriate regulatory agency, such as the U.S. Department of Labor.

## **Consumer Appeals**

The Bureau ensures that carriers provide consumers with information about their appeal rights. Some consumer complaints involve allegations that the insurance company has not properly handled a consumer’s appeal. Under Maine law, health insurance carriers are required to offer two levels of internal appeals to the consumer. Maine Rule Chapter 850 explains the specifics of how these appeal levels are to be conducted, as well as providing deadlines for responding to consumers. The carrier’s appeals process is separate from the Bureau’s complaint investigation, and consumers are advised that they can proceed simultaneously with both an appeal and a complaint.

## **Health Insurance Independent External Review**

Pursuant to 24-A M.R.S.A. § 4312, after proceeding through at least one of two levels of the carrier’s internal appeals processes, consumers have the right to request an independent external review for denials involving medical necessity, pre-existing conditions, experimental treatments, and denials based on disputes in diagnosis, care or treatment. CHCD staff coordinate independent external reviews and randomly assign each review to one of three contracted External Review Organizations (EROs). The Bureau assigns the case to an ERO having no affiliation with the carrier involved in the appeal.

During an external review, the ERO conducts an independent clinical peer review of the case. The carrier pays for the external review. The decision of the external review is binding only on the carrier; the consumer can pursue private legal action as an additional remedy.

### **Long-term Care Insurance Independent External Review**

Pursuant to 24-A M.R.S.A. § 5083(5) and Bureau of Insurance Rule Chapters 420 and 425, consumers have the right to external reviews of long-term care policy claim denials involving benefit triggers and certain policy limitations/exclusions that require the professional judgment of a health care professional. The Bureau oversees the external review process and has contracted with 2 EROs for long-term care appeals. There were no requests for external review in 2023.

### **Outreach and Education**

CHCD educates consumers about their rights under our insurance laws and about the Bureau services available to them. This outreach is in part accomplished through public speaking engagements and participation in outreach events. In 2023, CHCD participated in the following outreach and education efforts:

- *Aging Well Living Well Conference*, Newry
- *Spectrum Generations, Healthy Aging Sr Expo*, Hallowell
- *Online Medicare Supplement Trainings*, Area Agencies on Aging
- Northern New England Actuaries' Club
- *PeoplePlus, Senior Expo*, Brunswick

As part of its consumer education mission, CHCD produces and updates many publications, including guides to purchasing health insurance and appealing adverse decisions by health insurance companies. Brochures and other information, including answers to frequently asked questions, are available on the Bureau's website, [www.maine.gov/insurance](http://www.maine.gov/insurance) under the "Consumers" section, as well as under "Publications" and "FAQs."

### **Licensing and Registration Activity**

#### **a. Medical Utilization Review (MUR)**

Medical Utilization Review (MUR) includes any program or practice by which a person—on behalf of an insurer, nonprofit service organization, third-party administrator, or employer—seeks to review the utilization, clinical necessity, appropriateness, or efficiency of health care services, procedures, providers or facilities. MUR entities must be licensed in Maine to conduct utilization reviews for fully insured plans providing coverage to Maine residents.

Each applicant must provide CHCD a detailed description of the processes it uses for each review program, including, but not limited to:

- second opinion programs;
- hospital pre-admissions certification;
- pre-inpatient service eligibility determinations;



- determinations of appropriate length of stay; and
- notification to consumers and providers of utilization review decisions.

Licensed MURs must certify compliance with Maine’s utilization review requirements and all applicable standards. Licenses must be renewed annually. In 2023, the Bureau received 4 new license applications, all of which were approved, bringing the total to 97 active licensed MURs. Maine’s licensed MURs can be found through the “Licensee Lookup” tool on the Bureau’s website at [www.maine.gov/insurance](http://www.maine.gov/insurance).

#### b. Preferred Provider Arrangements (PPAs)

The CHCD reviews and registers preferred provider arrangements (PPAs), which are contracts, agreements, or arrangements between an insurance carrier or plan administrator and a health care provider. The provider agrees to offer services to a health plan enrollee whose plan benefits include incentives to use that provider’s services.

Staff review preferred provider arrangements for compliance with Maine statutes and regulations regarding provider accessibility/network adequacy, utilization review, grievance and appeal procedures, consumer notification, benefit level differential, and emergency service access requirements.

In 2023 there were 64 arrangements, with no new arrangements applying for registration. Maine’s registered preferred provider arrangements can be found by using the “Licensee Lookup” tool on the Bureau’s website at [www.maine.gov/insurance](http://www.maine.gov/insurance).

#### c. Managed Care Provider Networks

CHCD staff review managed care provider networks to determine if they comply with the network provider accessibility standards of Maine law and regulations. A carrier must notify the CHCD each time a contractual relationship between it and a group of providers dissolves, creating the possibility that enrollees may not have access to a category of participating specialty providers. Carriers must provide consumers with adequate notice and opportunity to find alternative providers. They must also ensure that consumers currently receiving medical services receive continuity of care in line with state requirements.

#### d. Pharmacy Benefits Managers (PBM)

PBMs are required to be licensed by the Bureau to do business in Maine. Rule Chapter 210 governs the PBM application process and provides forms for each applying PBM to describe its operations, contractual arrangements, and financial viability.

In 2023, the Bureau received 26 new PBM license applications; all were approved, bringing the total to 76 licensed PBMs.

### **Policy Form Review**

CHCD reviews and approves insurance company rate and form filings to ensure compliance with laws and regulations. CHCD receives form filings in electronic format via the System for Electronic Rate and Form Filings (SERFF), a nationwide system developed by the NAIC.

The Bureau's Life and Health Actuarial Unit reviews proposed premium rates for compliance with Maine law. The unit approves rate increases that are not excessive, inadequate or unfairly discriminatory.

Insurance companies can also file certain forms for review and approval with the Interstate Insurance Product Regulation Commission (IIPRC), better known as the "Compact." Insurance products permitted by IIPRC include life insurance, annuities, disability income, and long-term care insurance. Maine is 1 of 48 jurisdictions that recognize IIPRC's approval of forms.

### Independent Dispute Resolution (IDR)

The Bureau contracts with an IDR entity to preside over emergency services billing disputes between insurance carriers, out-of-network providers, and certain uninsured persons. Beginning October 1, 2023, Improve Health became the IDR administrative vendor.

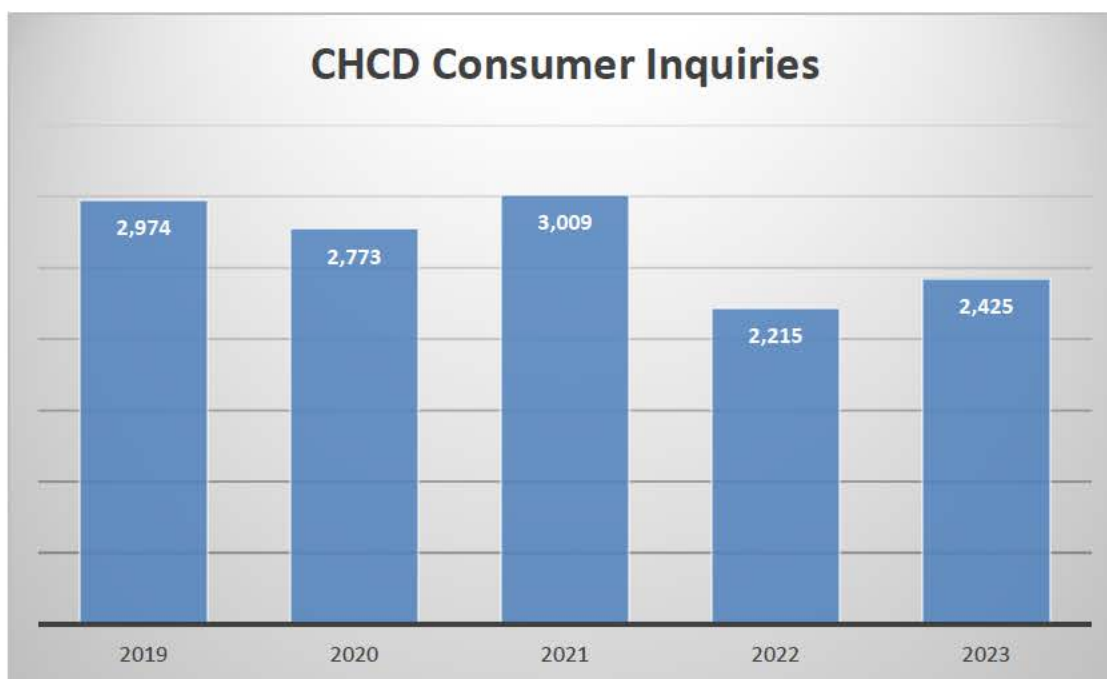
In 2023, 13 requests were made for independent dispute resolution, and 3 requests were carried over from 2022. 1 decision was made in favor of the health plan and 15 decisions were made in favor of the provider/applicant. All cases involved neonatology (care of newborn infants).

### Inquiries

An "inquiry" is a consumer call or written/electronic request for information on insurance issues, or to complain generally about a regulated person or entity, but not regarding a specific dispute.

CHCD staff answered 2,425 telephone and written inquiries during 2023. The most frequent inquiries related to claim denials, life insurance, and long-term care insurance. Figure 1 illustrates the number of telephone and written inquiries received from 2019 to 2023.

Figure 1



CHCD staff also answered 24 requests for constituent assistance from state and federal officials.

### Complaints

A “complaint” is defined in Title 24-A M.R.S.A. § 216 (2) as “any written complaint that results in the need for the Bureau to conduct further investigation or to communicate in writing with a regulated entity for a response or resolution to the complaint.”

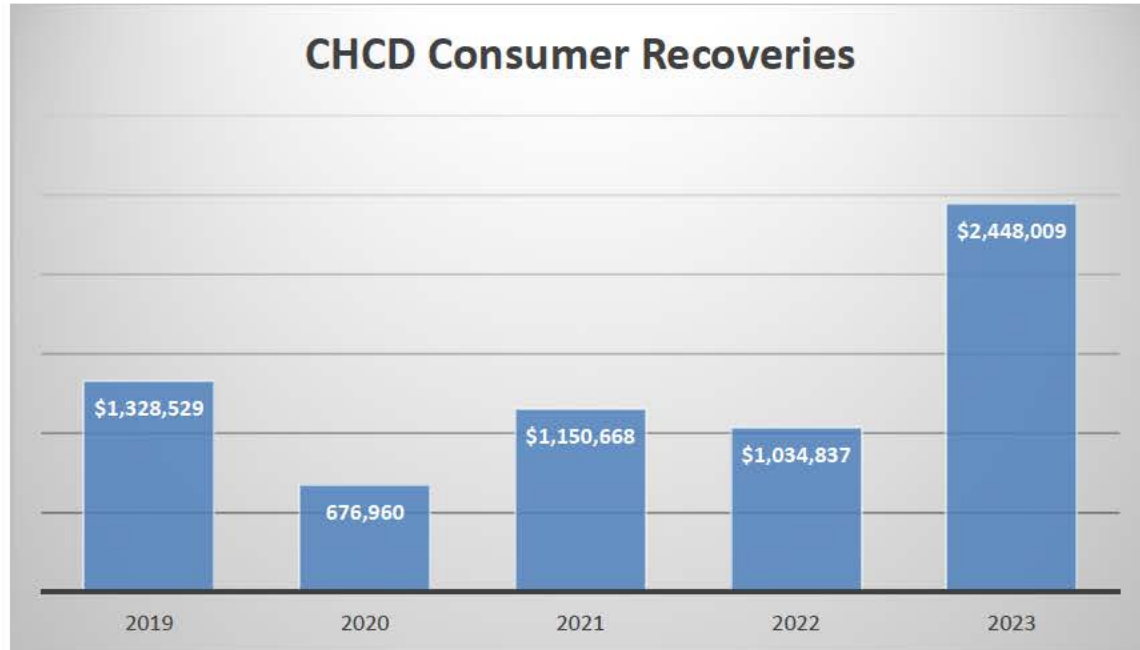
During 2023, the CHCD responded to 248 health, disability, annuity, and life insurance complaints. Figure 2 illustrates the number of complaints submitted from 2019 to 2023.

Figure 2



As part of the complaint investigation process, CHCD staff works to obtain appropriate restitution for consumers who have suffered a financial loss due to improperly denied claims or claims not paid in accordance with the policy. As indicated in Figure 3, CHCD recovered \$2,448,009 for consumers in 2023. Most often, the recovered funds were for previously denied claims.

Figure 3



In addition to investigating consumer complaints, CHCD works with insurance carriers to identify trends in consumer complaints, in an effort to remedy problems before they result in violations of the insurance code, including through quarterly meetings with each carrier. CHCD stays in close communication with carriers if problems arise that could affect consumers.

On a yearly basis, CHCD compiles a “complaint index” comparison of health insurance companies. The complaint index compares the share of complaints against a company to its share of the market. The most recent report is available at <https://www.maine.gov/pfr/insurance/consumers/consumer-guides>.

### Medical Reviews

An external review is an additional step in the appeals process after an insurance company denies payment of a health insurance claim. The review is done by an independent review organization, utilizing appropriate health experts with expertise in the area in dispute. Both the organization and experts are fully independent of the insurance company involved in the review.

The Bureau contracts with 3 independent external review organizations. In 2023, the Bureau initiated 27 qualified requests for external review. 25 were completed in calendar year 2023, as well as one that had been initiated in 2022. Of the 26 completed requests, 11 were upheld, 13 were overturned, and 2 were withdrawn prior to review. 7 were treated as expedited reviews due to an emergent situation.

17 cases were based on medical necessity of treatment:

- 1 for behavioral health treatment,
- 8 for medication and prescription issues,
- 3 for physical therapy/occupational therapy/speech and language therapy, and
- 5 for general treatment decisions.



9 cases were based on the treatments being experimental or investigational:

- 1 for genetic lab tests, and
- 8 for general treatment decisions.

CHCD received additional requests for external review that did not qualify under the statutes because:

- The internal appeal process was not utilized prior to requesting external review;
- The denial was based on issues other than the validity of the carrier's medical decisions; or
- The consumer's plan was not regulated by the State of Maine.

The following table illustrates the status of external reviews by insurance carrier for 2023:

	Anthem	Aetna	CIGNA	CHO	Harvard	Other	Total
<b>Requested:</b>							
Not qualified	4	2	0	1	0	1	8
Consumer did not complete process	15	1	0	0	3	1	20
Withdrawn prior to hearing	1	1	0	0	0	0	2
<b>Review Completed by 1/1/23:</b>							
Upheld	7	0	1	1	1	1	11
Overtaken	10	0	0	1	2	0	13
<b>Breakdown by Qualifying Issue:</b>							
Experimental/Investigational	6	0	1	0	2	0	9
Medical Necessity	12	1	0	2	1	1	17

Figure 4

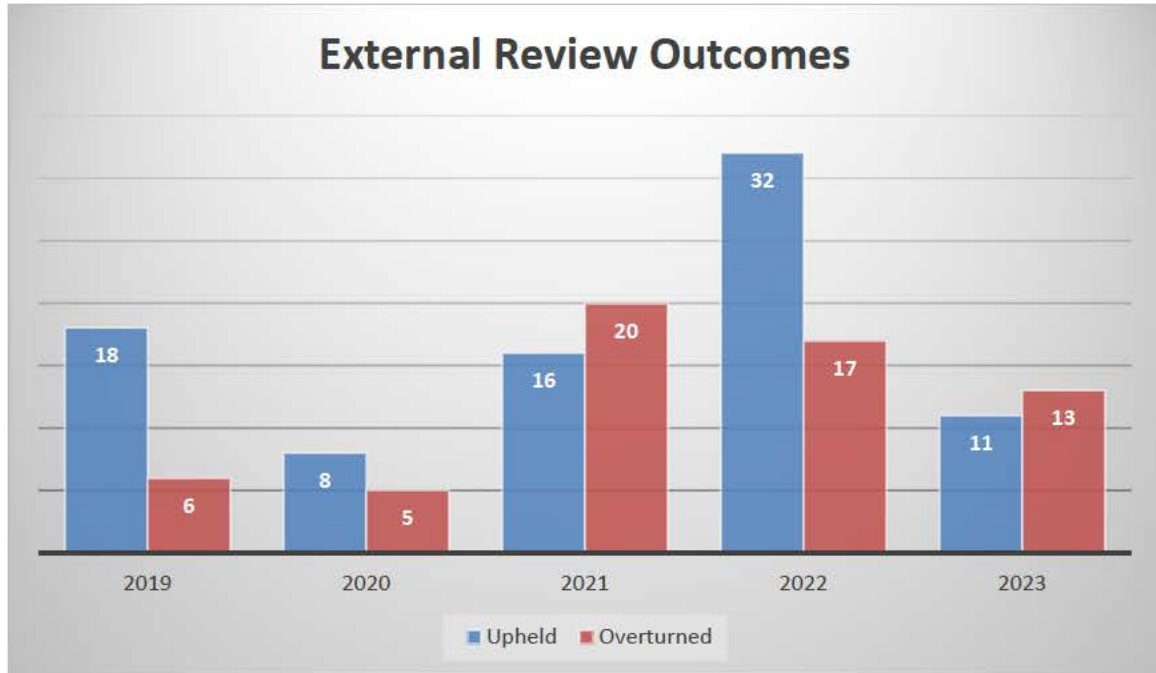


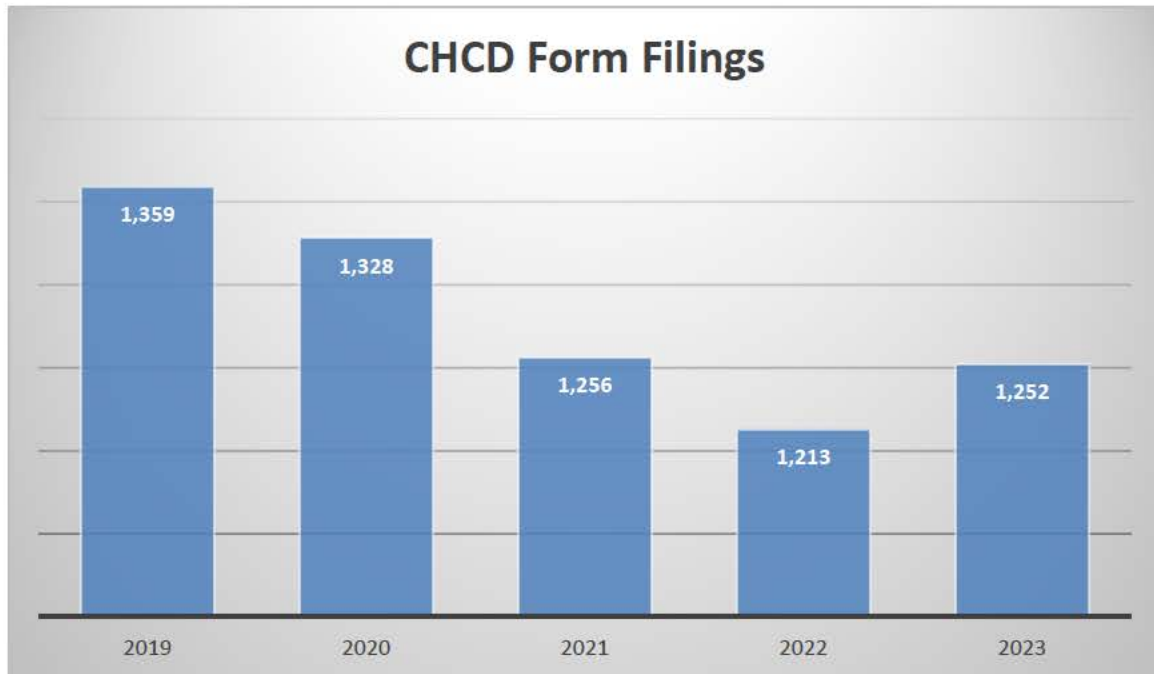
Figure 4 illustrates the trend in external reviews upheld or overturned.

#### Policy Form and Rate Review

In 2023, CHCD reviewed 1,252 insurance contract form filings:

- 1,156 were either approved or deemed acceptable, and
- The remaining 96 were either disapproved or in process at year's end.

Figure 5



In 2023, CHCD continued to work closely with CoverME.gov, Maine's health insurance marketplace. CHCD performed plan management functions, in particular certifying Qualified Health Plans (QHPs) for the marketplace. QHP certification required both review/approval of major medical carriers' rates and forms, and completion of associated binders.

#### Legislative and Regulatory Activities

In 2023, the Superintendent issued the following rule:

- [Rule 835](#) - Dental Insurance Plan Loss Ratio Reporting, hearing held April 12, 2023, effective date July 29, 2023.

CHCD also assisted in issuing the following bulletins:

- [Bulletin 469](#) - Notice to Health Insurance Consumers Regarding Coordination of Benefits with Medicare Part B;
- [Bulletin 468](#) - Maine Law Concerning Cybersecurity Events (Supersedes Bulletin 462); and
- [Bulletin 465](#) - Uniform Deadlines for Rate, Form, and QHP Filings for Non-Grandfathered Individual and Small Group Health Plans with Effective Dates of Coverage During 2024.

CHCD staff participated in a variety of NAIC working groups, including the following:

- Health Innovations Working Group, which gathers and shares information, best practices, experience and data to inform and support health innovation.
- Long-Term Care Insurance Task Force, which monitors and evaluates the progress of the multistate actuarial (MSA) rate review process, and helps consumers manage the impact of rate increases.
- Pharmacy Benefit Manager Subgroup, which considers policy issues and development of a new NAIC model to establish a licensing or registration process for pharmacy benefit managers.

## LIFE AND HEALTH ACTUARIAL UNIT

The Life & Health Actuarial Unit provides actuarial and technical services to the Superintendent and Bureau staff. Tasks performed by the Unit are outlined below.

- Reviewing and taking appropriate action on rate filings, primarily for individual health, small group health, credit life and health<sup>1</sup>, group and individual Medicare Supplement, and long-term care.
- Providing reserve analysis review of life and health insurance companies.
- Providing technical assistance to insureds, consumers, state agencies, and others on insurance matters.
- Studying proposed mandated benefit legislation as requested by the Legislature to determine the social impact, the financial impact, and the medical efficacy of the proposed mandate.
- Estimating the impact on health insurance premiums of proposed expansions of health care services requiring a certificate of need from the Maine Department of Health and Human Services.
- Assisting the Research and Statistics Unit with the collection of health insurance data, including data for:
  - Annual reports on mandated benefits claims experience;
  - Annual supplemental premium reports from health insurers;
  - Annual reports on insured demographics for small group and individual health insurance;
  - Annual reports on claims paid by third-party administrators and by insurers administering employers' self-funded health plans; and
  - Preparation of quarterly "market snapshots" for the small group and individual health insurance markets.

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<sup>1</sup> [Per 24-A §2853.1-2:](#)

Credit life insurance: insurance on the life of a debtor pursuant to or in connection with a specific loan or other credit transaction.

Credit health insurance: insurance on a debtor to provide indemnity for payments becoming due on a specific loan or other credit transaction while the debtor is disabled as defined in the policy.



In 2023, the Bureau's Life and Health Actuarial Unit produced four proposed mandated benefit reports for the Legislature that provided information on the expected impact of requiring additional coverage in health plans. Unit staff also submitted an analysis and request to the Centers for Medicare & Medicaid Services (CMS) to add an additional geographic rating area for health plan premium rating. The unit continued to implement and monitor the merged individual and small group markets, following federal approval of the Bureau's 1332 State Innovation Waiver amendment. Additionally, the standardized "Clear Choice" plans introduced on the individual market for the 2023 plan year were revised, with input from a stakeholder group and actuarial consultants, and were offered to both individuals and small groups for the 2024 plan year. The unit reviews filings for rate approval including a large number of long-term care insurance requests. They participate with NAIC work groups and the Northeast zone regulator group to collaborate on those reviews and share strategies to mitigate premium increases.

## PROPERTY AND CASUALTY DIVISION

The Property and Casualty Division (P&C) performs three separate functions: review of insurer rate, rule, and form filings; resolution of consumer complaints; and administration of cancellation/nonrenewal hearings.

In 2023, P&C staff answered 3,485 telephone and written inquiries as well as 15 requests for constituent assistance from state and federal officials.

P&C staff responded to 254 written complaints and obtained restitution of \$2,135,549 for consumers who suffered financial loss due to improperly denied claims or claims that were not paid in accordance with the policy.

The P&C Division received 2,816 filings from insurance companies during 2023, which contained a total of 12 predictive models and 14,884 forms to be reviewed. (Note: each filing contains multiple forms.)

Property & Casualty Totals	2019	2020	2021	2022	2023
Consumer Complaints Received	228	203	209	243	254
Consumer Inquiries Received	2,206	2,119	1,633	2,098	3,485
Restitution to Consumers	\$747,320	\$706,617	\$161,685	\$854,359	\$2,135,549
Rate and Form Filings Received	2,975	3,104	2,672	2,675	2,816

On a yearly basis, the Property and Casualty Division compiles "complaint index" comparisons of personal auto insurance and homeowners' and renters' insurance. The complaint indexes compare the share of complaints against a company to its share of the market. The most recent reports are available at <https://www.maine.gov/pfr/insurance/consumers/consumer-guides>.

The NAIC released 2 reports<sup>2</sup> on personal auto and homeowners' insurance. The reports ranked Maine 1<sup>st</sup> and 11<sup>th</sup>, respectively, in the nation in terms of affordability of insurance. The reports, based on 2021 data (the most recent year for which cumulative data was available), indicate that Maine consumers pay less for these types of insurance than do consumers in most other states. The Bureau's annual report on *The Availability of Insurance in the Maine Property & Casualty Market*, which can be found on the Bureau's website under [Publications/Legislative Reports](#), provides more detail about these lines of insurance in the Maine market.

## Hearings

When an insurance company issues a notice of cancellation or nonrenewal of a homeowners' or personal auto policy, the company must advise the insured of the right to request a hearing contesting the action. There is also a statutory right to request a hearing when a commercial property or liability policy is cancelled prior to its expiration date.

The hearing provides a forum where consumers may contest a proposed cancellation or nonrenewal and where a Bureau hearing officer determines whether the cancellation or nonrenewal was done in accordance with Maine law. The table below shows the number of hearings scheduled and those resulting in decisions. In some cases, the insurance company or the insured may cancel the proceeding prior to the hearing, which results in no issued decision. The policy will continue if the insurer cancels the hearing, and the policyholder chooses to keep the policy. The policy ends if the policyholder cancels the hearing. In most cases where a policyholder cancels a hearing it is because replacement coverage has been obtained.

Hearing Results	2019	2020	2021	2022	2023
Number of Hearings Scheduled	65	45	55	46	85
Number of Decisions Issued	24	22	17	11	30
Decisions in favor of the Policyholder	5	4	6	9	11
Decisions in favor of the Insurer	19	18	11	2	19

## P&C Actuarial Unit

The Property and Casualty Actuarial Unit reviews and approves or disapproves rate filings made by licensed property and casualty insurance companies and by advisory organizations. The unit's responsibilities include:

- Reviewing rate and rating rule filings;

<sup>2</sup> The two NAIC reports are titled *Dwelling Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner's Insurance Report: Data for 2021* and *2020/2021 Auto Insurance Database Report*.



- Reviewing and analyzing loss cost filings by industry advisory organizations that gather experience and file expected loss figures that insurers use to establish rates and rating rules;
- Providing technical assistance to insureds, consumers, state agencies, and others on insurance-related matters;
- Reviewing the funding and reserves of workers' compensation self-insurance trusts;
- Providing reserve analysis of property/casualty insurance companies; and
- Providing technical assistance to the Superintendent in all aspects of property/casualty and workers' compensation matters.

## **Workers' Compensation**

The Property and Casualty Division is also responsible for processing all rate, rule, and form filings presented to the Bureau involving workers' compensation insurance, reinsurance for self-insurers, and occupational disability policies. In addition to these filings, the Division assists the actuarial staff with workers' compensation loss cost filings.

The Division also responds to general inquiries regarding workers' compensation premiums and policies, handles complaints regarding workers' compensation insurance rates, rules, and policy cancellations, and conducts research and special projects related to workers' compensation matters. Complaints regarding specific workers' compensation claims are under the jurisdiction of the Workers' Compensation Board, which is not under the purview of the Bureau. If the Workers' Compensation Board finds a pattern of improper claims handling practices, however, it can refer the matter to the Bureau.

## **LICENSING DIVISION**

The Licensing Division is responsible for processing and maintaining license records on insurance producers (brokers and agents) and business entities (agencies), including issuing and terminating licenses, as well as overseeing the licensing examination process and supervising the continuing education program.

Electronic processing of producer appointments, appointment terminations, and non-resident license applications, as well as participation in the NAIC's National Insurance Producer Registry (NIPR) database, have made the licensing process more efficient, timely and uniform.

The Licensing Division processed 32,277 new licenses during 2023 for producers, consultants, adjusters, and business entities.

**Number of New Individual Licenses, 2023**

	Producers	Consultants	Adjusters	Totals
Resident	6,73	2	65	740
Non-Resident	25,178	2	5,376	30,556
<b>Total</b>	<b>25,851</b>	<b>4</b>	<b>5,441</b>	<b>31,296</b>

**Number of Active Individual Licenses, 2023 (as of 12/31/2023)**

	Producers	Consultants	Adjusters	Totals
Resident	5,936	33	746	6,715
Non-Resident	234,581	12	24,575	259,168
<b>Total</b>	<b>240,517</b>	<b>45</b>	<b>25,321</b>	<b>265,883</b>

**Number of New Business Entity Licenses, 2023**

	Producer BE	Consulting Firm	Adjusting Firm	Totals
Resident	39	1	0	40
Non-Resident	896	1	44	941
<b>Total</b>	<b>935</b>	<b>2</b>	<b>44</b>	<b>981</b>

**Number of Active Business Entity Licenses, 2023 (as of 12/31/2023)**

	Producer BE	Consulting Firm	Adjusting Firm	Totals
Resident	757	4	18	779
Non-Resident	7,602	6	311	7,919
<b>Total</b>	<b>8,359</b>	<b>10</b>	<b>329</b>	<b>8,698</b>

**New Licenses Grand Totals**

	Totals	Totals	Grand Total
Resident	740	40	780
Non-Resident	30,556	941	31,497
<b>Total</b>	<b>31,296</b>	<b>981</b>	<b>32,277</b>

**Active Licenses Grand Totals**

	Totals	Totals	Grand Total
Resident	6,715	779	7,494
Non-Resident	259,168	7,919	267,087
<b>Total</b>	<b>265,883</b>	<b>8,698</b>	<b>274,581</b>

## ALTERNATIVE RISK MARKETS UNIT

The Alternative Risk Markets Unit reviews and evaluates applications for workers' compensation self-insurance authority, captive entities, multiple employer welfare arrangements, group self-insurance reinsurance accounts, and the Maine Self-Insurance Guaranty Association. Its mission is to apply the rules and regulations governing these entities in a fair, consistent, and timely manner to assure that these entities remain solvent and that the Maine businesses utilizing alternative risk mechanisms do so effectively and responsibly.

Number of Self-Insurers for Workers' Compensation	2018	2019	2020	2021	2022	2023
Individual Self-Insurers	58	57	57	55	53	53
Group Self-Insurers <sup>3</sup>	18	18	18	18	18	18

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<sup>3</sup> As of February 8, 2024, this represents 1,164 employers.

## FINANCIAL ANALYSIS DIVISION

The Financial Analysis Division is responsible for the financial regulation of domestic and foreign insurance companies, captive Risk Retention Groups, Health Maintenance Organizations, and surplus lines companies. The responsibilities include financial review of domestic companies; review of applications for licensure and surplus lines eligibility; and review of amendments to certificates of authority, mergers, change of control, redomestications, and name changes. The Division is also responsible for regulating Managing General Agents, Third Party Administrators, Risk Retention Groups, Risk Purchasing Groups, Reinsurance Intermediaries, Viatical and Life Settlement Providers, Service Contract Providers, and approved reinsurers in Maine.

### DOMESTIC INSURANCE COMPANIES, 2023 (DOMICILED IN MAINE)

Maine Domestics	12/31/23 Premium <sup>4</sup>	12/31/23 Assets
Aetna Health Inc.	\$188,407,956	\$62,106,577
AMH Health, LLC	\$234,298,719	\$114,510,151
AMH Health Plans of Maine, Inc.	\$8,334,167	\$6,475,996
Anthem Health Plans of Maine Inc.	\$1,218,739,999	\$543,614,331
Great Falls Insurance Company	\$0	\$7,275,447
Maine Community Health Options	\$234,639,430	\$157,104,410
Maine Dental Service Corp	\$78,736,252	\$83,498,739
Maine Employers' Mutual Insurance Company	\$200,833,564	\$1,158,664,426
Martin's Point Generations Advantage, Inc.	\$653,632,892	\$172,667,565
Medical Mutual Insurance Company of Maine	\$56,015,989	\$417,142,664
MMG Insurance Company	\$270,562,468	\$372,470,270
Patriot Insurance Company	\$52,297,564	\$177,456,362
Patrons Oxford Insurance Company	\$60,384,914	\$26,677,068
Starmount Life Insurance Company	\$279,565,654	\$140,025,684
State Mutual Insurance Company	\$4,950,934	\$15,145,266
Taro Health Plan of Maine, Inc.	\$2,146,555	\$5,971,892
UNUM Insurance Company	\$329,897,972	\$147,200,820
UNUM Life Insurance Company of America	\$5,253,604,964	\$23,920,416,494
Wellcare of Maine, Inc.	\$125,497,104	\$66,225,056
<b>Total</b>	<b>\$9,252,547,097</b>	<b>\$27,594,649,218.00</b>

<sup>4</sup> Year-end direct written premium totals are reported on a **national** basis.



**Non-Maine Health Maintenance Organizations 2023 (Maine only premiums)**

HMOs (State of Domicile)	12/31/23 Premium	12/31/23 Assets
Arcadian Health Plan, Inc. (WA)	\$111,626,488	\$2,158,835,707
Empire Healthchoice HMO Inc. (NY)	(\$71,667)	\$298,572,114
Harvard Pilgrim Health Care, Inc. (MA)	\$394,380,400	\$1,111,677,335
Meridian Health Plan of Michigan, Inc. (MI)	\$0	\$896,912,170
UnitedHealthcare of New England, Inc. (RI)	\$1,690,539	\$480,418,328
UnitedHealthcare of Wisconsin, Inc. (WI)	\$32,738,439	\$4,525,743,141
<b>Total</b>	<b>\$540,364,199</b>	<b>\$9,472,158,795</b>

**Total 2023 Maine premium (all lines, both domestic and foreign)**

Lines	12/31/22 Premium	12/31/23 Premium
Life/Annuities	\$2,226,401,265	\$2,269,379,183
Health	\$5,059,395,082	\$5,143,295,536
Property/Casualty	\$2,845,364,421	\$3,304,977,550
Title	\$65,679,899	\$47,683,178
Risk Retention Group	\$8,274,646	\$8,032,374
Captive	UNAVAILABLE	UNAVAILABLE
<b>Total</b>	<b>\$10,205,115,313</b>	<b>\$10,773,367,821</b>

Note: Above totals do not include written premium of non-admitted excess and surplus lines.

**Number of Insurance Companies Licensed in Maine**

Company Type	2019	2020	2021	2022	2023
Property and Casualty Companies	721	736	747	757	776
Life & Health and HMOs	346	345	349	354	357
Fraternal Companies	12	12	13	13	13
Surplus Lines Companies	176	193	210	221	236
Private Purchasing Alliance	1	1	1	1	1
Multiple Employer Welfare Arrangement (MEWA)	4	4	4	4	4
Captive	3	3	3	3	3
Risk Retention Groups	74	79	82	88	92
Non-Profit	2	2	2	2	2
Fire Assessment Company	3	3	3	3	3
<b>Total</b>	<b>1,342</b>	<b>1,378</b>	<b>1,414</b>	<b>1,446</b>	<b>1,487</b>

**NEW COMPANY LICENSES ISSUED IN 2023 (46 TOTAL)**

<b>Life and Health Insurance Companies</b>	
AMERICAN CENTURY LIFE INSURANCE COMPANY	PAN-AMERICAN ASSURANCE COMPANY
NYLIFE INSURANCE COMPANY OF ARIZONA	RGA LIFE AND ANNUITY INSURANCE COMPANY
<b>Property and Casualty Insurance Companies</b>	
AMERICAN BUILDERS INSURANCE COMPANY	POINT SPECIALTY INSURANCE COMPANY
AMFED ADVANTAGE INSURANCE COMPANY	REPUBLIC FIRE AND CASUALTY INSURANCE COMPANY
AMFED CASUALTY INSURANCE COMPANY	ROCHDALE INSURANCE COMPANY
AMFED NATIONAL INSURANCE COMPANY	SELECTIVE INSURANCE COMPANY OF AMERICA
GEICO CHOICE INSURANCE COMPANY	SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA
GREATER MID ATLANTIC INDEMNITY COMPANY	SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST
GREATER MIDWESTERN INDEMNITY COMPANY	SELECTIVE WAY INSURANCE COMPANY
LANDCAR CASUALTY COMPANY	STATE FARM CLASSIC INSURANCE COMPANY
MAINSAIL INSURANCE COMPANY	WESTFIELD SELECT INSURANCE COMPANY
NATIONAL BUILDERS INSURANCE COMPANY	WESTGUARD INSURANCE COMPANY
PARK NATIONAL INSURANCE COMPANY	
<b>Risk Retention Groups</b>	
CRICO (A RECIPROCAL RISK RETENTION GROUP)	SOUTH SHORE RISK RETENTION GROUP, INC.
INDIGO RISK RETENTION GROUP INC	YRIG RISK RETENTION GROUP, INC.
PROFESSIONAL TRANSPORTATION RISK RETENTION GROUP, INC.	
<b>Eligible Surplus Lines Insurance Companies</b>	
AM SPECIALTY INSURANCE COMPANY	PALMS SPECIALTY INSURANCE COMPANY, INC.
AT-BAY SPECIALTY INSURANCE COMPANY	PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY
BEAZLEY EXCESS AND SURPLUS INSURANCE, INC.	POINT EXCESS AND SURPLUS INSURANCE COMPANY
BERKLEY PRESTIGE INSURANCE COMPANY	PURE SPECIALTY EXCHANGE
COWBELL SPECIALTY INSURANCE COMPANY	R.V.I. GUARANTY CO., LTD.
FEDERATED SPECIALTY INSURANCE COMPANY	SIERRA SPECIALTY INSURANCE COMPANY
LANNISPORT MARINE & GENERAL INSURANCE COMPANY, INC.	VICTOR INSURANCE EXCHANGE
LIO SPECIALTY INSURANCE COMPANY	ZURICH INSURANCE COMPANY LIMITED



## FINANCIAL EXAMINATION DIVISION

The Financial Examination Division examines domestic insurers at least once every five years to ensure soundness of the insurance companies' financial position. All reports of examination are public and can be found on the Bureau's website. Financial statements for Maine-licensed insurance companies can also be found online.

### Financial Examinations Commenced in 2023

Company	Report Issued
AMH Health, LLC	Examination in progress
AMH Health Plans of Maine, Inc.	Examination in progress
Anthem Health Plans of Maine, Inc.	Examination in progress
Martin's Point Generations Advantage, Inc.	7/24/2024
WellCare of Maine, Inc.	Examination in progress

### Financial Examinations Scheduled for 2024

Company	Financial Period Ending
Patriot Insurance Company	12/31/2023
Starmount Life Insurance Company	12/31/2023
Unum Life Insurance Company of America	12/31/2023
Unum Insurance Company	12/31/2023

## MARKET REGULATION UNIT

The Market Regulation Unit is responsible for establishing and monitoring a compliance program for all licensees. This program includes both in-house analysis and on-site examination of licensees. The Market Regulation Unit uses the information available from a variety of sources and performs analysis on selected companies to determine which companies are deemed to be market outliers. Once a company is identified as a market outlier, the Market Regulation staff determines the most effective process for obtaining information from the company to identify why the company's results are outside the expected results for the Maine marketplace. The information gathering process can encompass many forms, including a meeting with the company, a data call, interrogatories, or – in select circumstances – a targeted or full scope market conduct examination. This includes in-house examinations performed by unit staff as well as oversight and participation in exams that have been contracted to an independent market conduct examination vendor.

The examination process typically focuses on the following areas: (1) company operations/management; (2) complaint handling; (3) marketing and sales; (4) producer licensing; (5) policyholder service; (6) underwriting; and (7) claims. Targeted exams may focus on fewer, select areas, or specifically on certain statutes.

The unit is statutorily required to examine certain health insurance carriers every five years.

In 2023, the unit was involved in several ongoing exams including both in-house and externally contracted exams as well as being a lead state in collaborative exams involving other states. The unit also participated in multi-state examinations, which take place when the concerns of an insurer or several insurers writing the same line of business have a national impact. The examination process is confidential. However, for those examinations which are completed with a final examination report issued, the final report is a public record. Similarly, if a consent agreement or administrative order is issued as the result of an examination, the consent agreement or order is a public record. While 2 of the in-house exams were completed, 2 more were opened; none of the collaborative or multi-state exams reached the settlement stage by the end of the year.

#### **Market Conduct Examinations Completed in 2023**

<b>Company</b>	<b>Report Issued</b>
Anthem Life Insurance Company	10/12/2023
Maine Energy Marketers Association Health Insurance Trust	12/27/2023

While this unit does not handle individual complaints, it does use complaint data to analyze licensee trends and business practices or patterns. This analysis is often a key factor in triggering investigations or leading to selection for an examination.

As an additional method of monitoring compliance, the Unit also conducted market-wide reviews in 2023. These were triggered by compliance issues identified through complaint analysis and were intended to ensure all carriers complied with specific requirements.

Enforcement actions are another aspect of market regulation. Enforcement investigations identify whether issues occurring within companies are the result of isolated incidents or more systemic problems deserving of review by the market regulation unit. Enforcement actions resolve violations identified during investigations or exams prior to hearing through consent agreements. If a matter cannot be resolved by consent, a petition for enforcement starts the administrative hearing process, which leads to a final agency decision after hearing.

#### **2023 Multi-State Market Conduct Settlement Payments**

<b>Company</b>	<b>2023 Payment</b>
Companion Life Insurance Company*	\$3,535.71

\*Although no new settlements occurred in 2023, an additional payment was received to correct the amount paid in 2021.



### 2023 Market Conduct & Enforcement Consent Agreements

Company	Settlement Amount	
Advanced Resources, LLC d/b/a Patriot Warranty	\$50,000.00	*
Anthem Life Insurance Company	\$50,000.00	**
Esurance Insurance Company	\$250.00	
Fidelity Security Life Insurance Company	\$250.00	
Great Midwest Insurance Company	\$250.00	
<b>Total</b>	<b>\$100,750.00</b>	

\*Company was required to also pay \$8,081.55 restitution to a Maine consumer

\*\*Total penalty was \$100,000; \$50,000 was suspended pending a 2025 review

Market conduct examination reports can be found on the Bureau's website at <https://www.maine.gov/pfr/insurance/publications> under Examination Reports. Consent Agreements and Hearing Decisions and Orders relating to disciplinary actions are located at <https://www.maine.gov/pfr/insurance/legal/administrative-actions/licensee-discipline-consent-agreements>.

## RESEARCH AND STATISTICS UNIT

The Research and Statistics Division is responsible for creating, maintaining, and monitoring databases used by the Bureau. The objective of the unit is to collect, interpret, and provide data from regulated entities to Bureau divisions and units, other governmental agencies, and the public. Additionally, the unit researches issues for other Bureau divisions and units, serves as liaison between the Bureau and NAIC online applications, and maintains the Bureau's website.

## ADMINISTRATIVE SERVICES UNIT

The Administrative Services Unit provides support for all divisions and units within the Bureau. Responsibilities include purchasing; facilitating the interviewing and onboarding of new employees; travel arrangements and training registrations; assisting with proper records retention; copying and distribution of bound and electronic reports; processing and accounting of all Bureau revenue; public information and media relations, and consumer outreach support.

### III. Appendices

#### APPENDIX A – 2023 OUTREACH EVENTS

The Bureau’s consumer outreach efforts aim to educate Maine individuals and businesses about the services the Bureau offers. The Superintendent and staff also make presentations to industry groups, to keep them up to date on recent regulations and legislation.

In 2023 Bureau staff participated in the following:

- Area Agencies on Aging, *Medicare Supplement Insurance Volunteer Training* (multiple virtual sessions)
- University of Maine at Farmington, *Meeting with Actuarial Science majors* (Farmington)
- Association of Insurance Compliance Professionals, New England Chapter Roundtable (Connecticut)
- WMPG Radio Portland, *Regulation of Cybersecurity Insurance* (statewide broadcast)
- Maine Association of Health Underwriters meeting (Portland)
- Chartered Property Casualty Underwriters - Maine Chapter meeting (Portland)
- Maine Council on Aging meeting (Augusta)
- Seniors Plus, *Healthy Living Expo* (Newry)
- PeoplePlus, *Senior Expo* (Brunswick)

## APPENDIX B – PUBLICATIONS AND ONLINE TOOLS

The Bureau publishes reports on a variety of insurance topics, as required by statute or upon request by members of the Legislature. To help educate the public on insurance matters that can affect their daily lives, the Bureau also publishes and distributes consumer brochures and posts additional consumer information and online tools on its website. All publications may be viewed on the Bureau's website at <https://www.maine.gov/pfr/insurance/publications>.

### **Publications**

#### **Auto Insurance**

Auto Insurance, A Consumer's Guide  
Auto Insurance, Making the Claims Process Easier  
Cancellation or Nonrenewal of Personal Automobile and Property Insurance  
Credit Information - Understanding How Insurers Use  
Maine Driving Dynamics (Link to Maine Bureau of Highway Safety)  
Personal Auto Insurance Complaint Comparison  
Policy Forms Used by the 10 Largest Auto Insurance Groups in Maine  
Ten Things You Should Know About Buying Auto Insurance  
The Sharing Economy: Important Points to Consider Before "Sharing" Your Car or Home  
Youthful Drivers Guide

#### **Commercial Insurance**

Insuring Your Farm-The Basics of Property & Liability Coverage  
Insuring Your Business-The Basics of Property & Liability Coverage

#### **Disability Insurance**

Disability Insurance Guide

**Health Insurance** External Review Guide: When Your Health Insurance Carrier Denies Benefits for Health Care Services

Health, Disability and Long-Term Care Insurance Complaint Comparison  
Health Insurance Appeals Process Guide  
Health Insurance for Small Businesses, A Consumer's Guide  
Health Insurance Tips  
Health Savings Accounts (HSAs) link to information from the US Department of the Treasury  
Hearing Aid Mandate, Effective January 1, 2020  
Individual Health Insurance in Maine, A Consumer's Guide  
Mandated Health Insurance Benefits, History of  
Market snapshot - comparison of individual medical insurers in Maine  
Market snapshot - comparison of small group health insurers in Maine  
Short-Term Health Insurance Plans

**Homeowners/Renters**

Cancellation or Nonrenewal of Personal Automobile and Property Insurance  
Credit Information - Understanding How Insurers Use  
Child Care Liability, A Consumer's Guide  
From Homeowner to Renter  
Homeowner Insurance Complaint Comparison  
Homeowners' Insurance, A Consumer's Guide  
Homeowners Insurance, Making the Claims Process Easier  
Homeowners' Inventory Checklist  
Insuring Your Home Business  
Natural Disasters, A Homeowners Insurance Guide (link to Federal Alliance for Safe Homes)  
Ten Things You Should Know About Purchasing Home Insurance  
Policy Forms Used by the 10 Largest Homeowners Insurance Groups in Maine  
The Sharing Economy: Important Points to Consider Before "Sharing" Your Car or Home

**Life Insurance & Annuities**

Annuities, Ten Things You Should Know About Buying  
Deferred Annuities (NAIC Publication)  
Deferred Annuities, Fixed (NAIC Publication)  
Deferred Annuities, Variable (NAIC Publication)  
Equity-Indexed Annuities: A Complex Choice (Financial Industry Regulatory Authority Investor Alert)  
Life Insurance Information for Military Personnel (NAIC Publication)  
Life Insurance, Ten Things You Should Know Before Purchasing  
Life Settlement Brochure For producers  
Alternative Life Settlement Brochure For producers  
Viatical and Life Settlements, What You Should Know

**Long-Term Care Insurance**

Long-Term Care Insurance Claim Denial Appeals Process  
Long Term Care Insurance and Maine's Long-Term Care Partnership Program, A Consumer's Guide  
Long Term Care Partnership Program Approved Policies  
Long Term Care Policies Certified for Income Tax Purposes in Tax Years Ending 12/31/1999  
Long Term Care Policies Certified for Income Tax Incentives in Tax Years Beginning 1/1/2002  
Long Term Care Shopper's Guide (NAIC publication)

**Medicare/Medicare Supplement**

Are You Eligible for or Do You Have Medicare? (Aggressive Sales Practices)  
Medicare Supplement Insurance, A Consumer's Guide/Rate Table (for plans issued beginning June 2010)  
Understanding Medicare Enrollment Periods (link to Department of Health and Human Services)  
Choosing a Medigap Policy (link to Medicare publication)

**Workers' Compensation**

Workers' Compensation Insurance in Maine  
Opting Out: A Workers' Compensation Insurance Summary for Executive Officers of Corporations

## **Other**

Pet Insurance

### **Consumer Tools**

- File a complaint
- Glossary of terms
- Cancellation/Nonrenewal Hearing Notices
- Helpful links
- Independent Dispute Resolution
- Licensee Lookup
- Affordable Care Act Rate and Form Filings/Rate Hearings
- Individual Health Insurance Rate Calculator
- Small Group Health Insurance Rate Calculator
- Small Business Health Insurance Premium Relief Program credit calculator
- E-news subscriber system (GovDelivery)
- Online and printable insurance information

### **Industry Tools**

- Independent Dispute Resolution
- Physician Tiering Program Reporting
- Rural Medical Access Program
- Online Company Data Reporting System
- Company licensing forms and information
- Producer and Business Entity licensing forms and information
- Cancellation/Nonrenewal Hearing Notices
- E-news subscriber system (GovDelivery)
- Domestic Insurance Company Annual Statements