

Instructions for Completing the Maine Carrier Report Required by 24-A M.R.S.A. § 4302(4)

General Instructions:

This report must be filed by all carriers (as defined in the definitions in Title 24-A M.R.S.A. § 4301-A) that provide only administrative services for plan sponsors. Information is to be reported for all covered Maine residents for the most recent calendar year. Information is provided on dollars paid for Health claims on behalf of Maine residents to any provider, regardless of provider location.

Include information for all self-funded claims (including ERISA and non-ERISA).

Information is collected for Health care claims, including Dental, Medical and Pharmacy. Also include claims for optometric exams and vision health exams. The only exclusion related to vision claims is for durable equipment charges (e.g., hardware like eye glasses or contact lenses).

Exclude claims for specific disease, accident, injury, hospital indemnity, disability income, long-term care, student comprehensive health and stop loss. Workers' Compensation and claims paid from Medical Savings Accounts are also excluded.

There must be a separate, unique Group code for each Self-insured Group name. The combination of Group code and Self-insured Group name may be used up to three times-- once if there are Medical claims, once if there are Dental claims and once if there are Pharmacy claims.

To access your online form:

- Go to the following website: <https://www.pfr.maine.gov/Insurance/Filing.aspx>.
- Enter your license number and access code. These will be provided to you in an e-mail notification several weeks before the report is due.
- Then click on the Submit button. This brings you the Forms Available screen which shows you the forms that you need to complete.
- Under Forms and Descriptions, click on the Carrier Form. This brings you to the Form Status and Periods Available Screen. You will see three categories: Submitted Forms (Those already completed and submitted to our database), Forms Currently in Process (Forms that you have worked on and saved but have not submitted to our database. These are not complete until you submit them), and Forms Available for Completion (Forms that you have not yet worked on. These are not complete until you enter the information and submit them). A blue hyperlink for each calendar year will appear in only one of these three categories. Remember, you are not finished until information has been entered and the form has been submitted. Therefore, if there is a blue hyperlink listed under Forms Currently in Process or Forms Available for Completion, then you must click on the link so you can complete the form and submit it. The Carrier Reporting Form is comprised of various parts described below.

Part A: Company and Contact Information

The top portion of this part of the form contains your company name and the calendar year the report covers, license number and mailing address. This information comes from our licensing system and cannot be changed by you. If the information listed is incorrect, contact Andrew Perry at (207)-624-8489 or electronically at Andrew.R.Perry@maine.gov.

Beneath that are the contact instructions. You must select a contact person by clicking on the drop down arrow beside Select a Contact.

- If the name of the person completing this year's report appears in the drop down list, highlight that name and click on the Attach Contact button. Information such as Title, Address, Phone, Fax and E-Mail appears. If the contact information for that person is not correct, click on the Add/Update Contacts button and follow the instructions for updating a person's contact information
- If the name of the person completing this year's report does not appear in the drop down list, click on the Add/Update Contacts button and follow the instructions for adding a contact person.

Part B: Choose An Option Below

Click on the circle beside choice A if:

- Your company did not have any health claims in Maine **OR**
- All health claims for Maine residents were paid through fully insured (premiums-based) coverage **OR**
- All health claims are statutorily excluded (specified disease, accident, injury, hospital indemnity, disability, long-term care, student comprehensive health, vision coverage of durable medical equipment (e.g., eyeglasses, contact lenses) , and supplemental health coverage [e.g., Medicare supplement and TriCare supplement] for which the payer is secondary)

If you clicked on circle A, scroll down to the bottom of the form and click on the Submit button and you are finished.

Click on the circle beside choice B if:

- Health claims were processed for self-insured groups (ERISA plan sponsors and non-ERISA groups) for the most recent calendar year. These claims were not for specified disease, accident, injury, hospital indemnity, disability, long-term care, student comprehensive health, vision coverage of durable medical equipment, and supplemental health coverage (e.g., Medicare supplement and TriCare supplement) for which the payer is secondary.

If you clicked on circle B, go to Part C and enter information about claims processed. Do not include insurers for which your company is processing claims paid through fully insured (premiums-based) coverage.

Part C: Claims Paid Information

If your company has 100 or less rows of information to enter, manually type your information into the table in Section I. You must specify a claim type (medical, dental or pharmacy) for each row. All fields are required.

If your company has more than 100 rows of information to enter, you may send us a Microsoft Excel spreadsheet with the data in .xls or .xlsx format. The Bureau of Insurance will bulk upload the information for you. Along with the spreadsheet, you must also provide the name of the person providing the information, their title, city, state and zip code, country, their telephone number, fax number and e-mail address.

Notes: Each combination of group code and claim type should be unique. That is, there should only be one entry for medical, dental and pharmacy for each group code. The group name can be whatever you choose. If a group code and claim type is entered, there must be an entry in the number of claims paid and the amount of money paid for claims. The amount of money paid for claims must be greater than or equal to the number of claims paid.

Entries:

- Enter the name of the self-insured group that processed the health claims.
- Enter a unique group code for the self-insured group that processed the health claims.
- Select a Claim Type for the kind of claim processed. The choices are Medical, Dental or Pharmacy.
- Enter the number of claims paid for the self-insured group for the chosen Claim Type.
- Enter the amount of money paid for claims for the self-insured group (ERISA plan sponsors and non-ERISA groups) for the chosen Claim Type.

Add Row

Click on this button to add a blank row to enter additional lines of information.

Add 20 Rows

Click on this button to add another 20 blank rows to enter additional information. Use this button when you know that you will have several more rows of data to enter.

Add 50 Rows

Click on this button to add another 50 blank rows to enter additional information. Use this button when you know that you will have many more rows of data to enter.

Calculate

You cannot enter data directly into the Total field. Click on the Calculate button and the system will calculate the totals for the information that you have entered so far. When you are finished entering all of your data, click on the Calculate button and your overall company totals will appear.

Save Button

If you have begun your report but want to finish it at a later time, you may click on the Save button and all work that you have done on the form thus far will be available when you return to complete the form. Remember, you are not finished until you submit the information to our database.

Submit Button

When you click on the Submit button, your information will be submitted to the Bureau of Insurance and will no longer be available for editing. You will receive a confirmation email with a PDF file containing your reported data.

Questions

If you have technical questions related to completing this report or need to have your report reopened to correct information after it has been submitted, please contact Brad Brown at Bradford.L.Brown@maine.gov or (207)-624-8478.