

Instructions for Completing the Maine Mandated Benefits Report Form

Due Date:

April 30th of each year

General Instructions

Before completing the Mandated Benefits Reporting Form, please complete and submit the Maine 286-A (Supplemental Health Insurance Reporting) form. Only companies with reported data on the 286-A form in either line 2 (Medical-Large Group > 50), line 3 (Medical – Small Group <=50), line 4 (Medical-Individual), line 8 (CHAMPUS/TRICARE Supplement), or line 12 (Short Term Medical) should enter numbers on the Mandated Benefits report. All other companies should complete Part A (Company & Contact Information) on the Mandated Benefits report, leave lines 1-14 zero-filled, and then scroll to the bottom of the form and click on the Submit button. This should take only a couple of minutes and will ensure that you do not receive a non-response follow-up notice.

Report information on the amount paid for specific types of claims in Maine (Lines 1-6 for Groups and Lines 8-13 for Individuals) and on the number of mammograms paid for under medical insurance contracts (Line 7 for Groups and Line 14 for Individuals). EXCLUDE claims for the following types of coverage:

- Accident only, specified disease
- Dental
- Disability income
- Federal Employees Health Benefit Plans
- Long-term care.
- Medicare
- Medicare Advantage
- Medicare Supplement
- Medicare Part D (prescriptions)
- Medicare Fee for Service

Definitions:

- **Inpatient Alcohol and Drug Dependency:** "Residential treatment" means services at a facility that provides care 24 hours daily to one or more patients, including, but not limited to, the following services: Room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services, including a designated unit of a licensed health care facility providing any and all other services specified in this paragraph to patients with the illnesses of alcoholism and drug dependency.
- **Day Treatment Alcohol and Drug Dependency:** "Non-residential Day Treatment" means a program of outpatient care involving visits of more than two hours but less than 24 hours per day, at least three days per week.
- **Outpatient Alcohol and Drug Dependency:** "Outpatient care" means care rendered by a state-licensed, approved or certified detoxification, residential treatment or outpatient program, or partial hospitalization program on a periodic basis, including, but not limited to, patient diagnosis, assessment and treatment, individual, family and group counseling and educational and support services.
- **Inpatient Mental Health:** "Inpatient services" includes a range of physiological, psychological and other intervention concepts, techniques and processes in a community mental health psychiatric inpatient unit, general hospital psychiatric unit or psychiatric hospital licensed by the Department of Health and Human Services or accredited public hospital to restore psychosocial functioning sufficient to allow maintenance and support of the client in a less restrictive setting.
- **Day Treatment Mental Health:** "Day treatment services" includes psycho-educational, physiological, psychological and psychosocial concepts, techniques and processes to maintain or develop functional skills of clients, provided to individuals and groups for periods of more than 2 hours but less than 24 hours per day.
- **Outpatient Mental Health:** "Outpatient services" includes screening, evaluation, consultations, diagnosis and treatment involving use of psycho-educational, physiological, psychological and psychosocial evaluative and interventive concepts, techniques and processes provided to individuals and groups.

How 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 to the Forms Available screen which shows you the forms that you need to complete.
- Under Forms and Descriptions, click on the Mandated Benefits link. This brings you to the Form Status and Periods Available screen. You will see different categories including: 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). 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 Mandated Benefits Reporting online 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 Barbra Garboski at (207)-624-8489 or electronically at Barbra.L.Garboski@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: Reported Data

Section I, Lines 1-7 are for reporting information for **GROUP** insurance policies only.

- Line 1: Report the total amount paid for Medical claims in Maine. This is broken out by Inpatient, Day Treatment and Outpatient. The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 2: Report the amount paid for Alcoholism & Drug Dependency claims that were included in the Total Amounts Paid for Medical claims in Maine (Line 1). The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 3: Report the amount paid for Mental Health claims that were included in the Total Amounts Paid for Medical claims in Maine (Line 1). The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 4: Report the amount paid for Chiropractic Services that were included in the Total Amounts Paid for Medical claims in Maine (Line 1).
- Line 5: Report the amount paid for Screening Mammograms that were included in the Total Amounts Paid for Medical claims in Maine (Line 1).
- Line 6: Report the amount paid for Breast Cancer Treatments that were included in the Total Amounts Paid for Medical claims in Maine (Line 1).
- Line 7: Report the number of Screening Mammograms and the number of Diagnostic Mammograms separately.

Section II, Lines 8-14 are for reporting information for **Individual** insurance policies only.

- Line 8: Report the total amount paid for Medical claims in Maine. This is broken out by Inpatient, Day Treatment and Outpatient. The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 9: Report the amount paid for Alcoholism & Drug Dependency claims that were included in the Total Amounts Paid for Medical claims in Maine (Line 8). The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 10: Report the amount paid for Mental Health claims that were included in the Total Amounts Paid for Medical claims in Maine (Line 8). The Total will be calculated for you when you either save or submit the form based upon the numbers that you entered into the Inpatient, Day Treatment and Outpatient categories.
- Line 11: Report the amount paid for Chiropractic Services that were included in the Total Amounts Paid for Medical claims in Maine (Line 8).
- Line 12: Report the amount paid for Screening Mammograms that were included in the Total Amounts Paid for Medical claims in Maine (Line 8).

- Line 13: Report the amount paid for Breast Cancer Treatments that were included in the Total Amounts Paid for Medical claims in Maine (Line 8).
- Line 14: Report the number of Screening Mammograms and the number of Diagnostic Mammograms separately.

Saving or Submitting Your Report

- Click on the Save button to save your form if you want to complete it at a later time
- Click on the Submit button when your form is finished and ready to be submitted to the Bureau of Insurance database.

If you have questions regarding completion of the online form call Brad Brown at (207)-624-8478 or electronically at Bradford.L.Brown@maine.gov.