

Instructions for Completion of the Annual Report to the Maine Bureau of Insurance on Mandated Benefits

Company Information: At the top of the form, please fill in your company name, NAIC number, the year this report covers, and your company's address. 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 group policies and for individual policies. If your company did not have any written premium for health insurance last year, please complete the Company Information section at the top of the page and then go to the bottom of the form and complete the Contact Person information. This should take only a couple of minutes and will ensure that you do not receive a non-response follow-up notice.

Question 1 Total Dollar Amount Paid for Medical Claims in Maine--

Enter the total dollar amounts paid for claims under medical insurance contracts in Maine. Be sure to exclude claims covering disability income, accident only, specified disease, dental, Medicare supplement and long-term care. The amounts you enter in question 1 include amounts paid for any of the mandated benefits in questions 2 through 6 (e.g., alcohol and drug dependency, mental health, etc.) as well as other medical claims not specifically excluded. Note: The sum of each entry in question one should be greater than or equal to the sum of corresponding questions 2-6.

Question 2: Dollar Amount Paid for Alcohol & Drug Dependency

Claims in Maine Included in Line 1—Enter dollar amounts paid for alcoholism and drug dependency claims only in Maine. See 24-A § 2842(9). Please note, for years 2009 and beyond, we are asking for Day Treatment totals for Alcohol & Drug Dependency Claims.

- 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.
- **Total:** Equals the sum of Inpatient plus Day Treatment plus Outpatient.

Question 3: Dollar Amount Paid for Mental Health Claims in Maine Included in Line 1. See 24-A §2843(7) & §4234-A(10) .

- **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.

Question 4: Enter Dollar Amount Paid for Chiropractic Services in Maine. See 24-A §2748 & § 2840-A(3).

Question 5: Enter Dollar Amount Paid for Screening Mammograms in Maine. See 24-A §2745-A, §2837-A & §4237-A.

Question 6: Enter Dollar Amount Paid for Breast Cancer Treatment in Maine.

Question 7: Enter the Number of Mammograms in which Payments were Made for Screening and for Diagnostic Purposes in Maine. Do Not Enter Dollar Amounts. See 24-A §2745-A(4) & § 2837-A(4).

Contact Information: At the bottom of the page, fill in the name of the person completing the report, their job title, phone number and e-mail address.

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. If you have questions regarding the laws or definitions, please call Marti Hooper at (207)-624-8449.