

Instructions for Completing the Health Plans that Provide Prescription Drug Benefits Report

Required by 24-A M.R.S. § 4350-A(2)

This report must be filed by all carriers (as defined in 24-A M.R.S. § 4347(3)) that issue health plans with prescription drug benefits. Information must be reported for all covered Maine residents for the most recent preceding calendar year. This report is due annually by **March 1**.

Who is required to file?

- A company that provides fully-insured health plans with prescription benefits.

Who doesn't have to file?

- Multiple-employer welfare arrangements, as defined in 24-A M.R.S. § 6601(5), if the multiple-employer welfare arrangement contracts with a 3rd-party administrator to manage and administer health benefits, including benefits for prescription drugs.

What Information Must Be Provided?

- 1) The total amount in dollars that your company, as a carrier, or a pharmacy benefits manager that your company as a carrier contracts with, received directly or indirectly from any pharmaceutical manufacturer, developer or labeler:
- 2) The percentage of this amount remitted directly to a covered person at the point of sale: Please provide a written explanation of the methods by which your company is providing this amount directly to covered persons.
- 3) The percentage of this amount applied by the carrier to its plan design to offset premium in future years. Please provide an explanation of how your company is applying these funds to offset premium in future years.
- 4) If #2 and #3 do not add up to 100%, please explain where the remaining percentage is allocated.

Location of Report Form: <http://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll down to Health Plans Providing Prescription Drug Benefits Report.

Questions:

Please contact Pamela Stutch at (207) 624-8458 or at pamela.stutch@maine.gov regarding any substantive questions about this report.

Submit forms to Pamela Stutch at pamela.stutch@maine.gov.