

Instructions for Completing the Maine Mandated Benefits Report Form

Due on or Before April 30

Who Must Complete and Return the Form:

- All companies licensed in Maine and having authority to write Health insurance.

Location of Report Form <https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll to Mandated Benefits. **All fields on the form are required and must be completed.**

Before Completing the Report:

- Before completing the Mandated Benefits Reporting Form, please complete and submit the Maine 286-A (Supplemental Health Insurance Reporting) form.
- Companies with NO reported data on the 286-A form in either line 2 (Medical-Large Group > 50), or line 3 (Medical – Small Group <= 50), or line 4 (Medical – Individual), or line 8 (CHAMPUS/Tri-Care Supplement), or line 12 (Short-Term Medical) should complete Sections I and II and leave all of the yellow boxes in Section III zero filled.

For More Information on Mandated Benefits:

- See 24 M.R.S.A. §§ 2320-A, 2325-A, and 2329 and 24-A M.R.S.A. §§ 2745-A, 2748, 2749-C, 2837-A, 2837-C, 2840-A, 2842, 2843, 4222-B, 4234-A, 4236, 4237, and 4237-A.

Include:

- Claims for prescriptions

Exclude:

- Accident only, specified disease
- Accidental Death & Dismemberment
- Dental
- Disability Income
- Federal Employees Health Benefit Plans
- Long-Term Care
- Medicare
- Medicare Advantage
- Medicare Supplement
- Medicare Part D (Prescriptions)
- Medicare Fee for Service
- Stop Loss

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.

Questions about the Report May be Directed To:

Barbra Garboski – Phone: (207) 624-8440 or E-Mail: Barbra.L.Garboski@maine.gov.

Send the Completed Maine Mandated Benefits Form To:

Save the completed Excel spreadsheet with the file named as follows: Company Name followed by a space, followed by Mandated Benefit (e.g., ABC Insurance Company Mandated Benefit.xlsx). Send it as an e-mail attachment to Barbra.L.Garboski@maine.gov. **Because many companies file other report forms with the Maine Bureau of Insurance, please specify the name of the report form that you are filing (e.g., Mandated Benefits) in the body or subject line of your e-mail.**