

## 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. Regardless of written premium.

### Location of Report Form

[http://www.maine.gov/pfr/insurance/regulated/insurance\\_companies/insurer/data\\_reporting/index.html](http://www.maine.gov/pfr/insurance/regulated/insurance_companies/insurer/data_reporting/index.html). Scroll to Mandated Benefits. **All fields on the form are required and must be completed.**

*ALWAYS OBTAIN A CURRENT VERSION OF THE REPORT FORM FROM OUR WEBSITE AND USE A FRESH FORM FOR EACH ADDITIONAL COMPANY.*

*\*OLD VERSIONS WILL FAIL TO LOAD INTO OUR DATABASE AND WILL BE RETURNED\**

### 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 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.

## Submitting Your Report

- Save the report as an Excel document with the following naming standard: **Full Company Name and Mandated Benefits.xlsx (ABC Insurance Co Mandated Benefits.xlsx)**. *Files saved in any format other than Excel (.xlsx) will fail to load into our database.*
- **Do not use acronyms**—We need to be able to easily identify your company as having filed the report.
- **PDFs will not load and will be sent back**
- Email completed reports to [Barbra.L.Garboski@maine.gov](mailto: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.**

- **Do not encrypt/secure Email** - Due to the number of insurers that are required to file our annual reports, we do not accept encrypted emails that compel signing up for an account to view them. ALL reports submitted to the Bureau of Insurance are kept confidential and any information shared in our legislative reports is aggregated and does not identify any single carrier. *When encryption happens automatically and cannot be turned off; you may contact us to discuss options to resolve the problem*
- **Questions about the Report May be Directed To:**
- Barbra Garboski – Phone: (207) 624-8440 or E-Mail: [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).