

Maine Comparable Health Care Service Incentive Program Report Instructions

[Pursuant to 24-A M.R.S. § 4318-A\(6\)](#), the Bureau of Insurance is required to report to the Maine Legislature's Committee on Insurance and Financial Services on carriers' implementation of comparable health care service incentive programs. To facilitate this reporting, the Bureau is requesting reporting on incentive program enrollment and the use of incentives earned by enrollees.

- **Due Date:** March 1
- **Report Location:**
<http://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll down to Comparable Health Care Service Incentive Program Report. There are two tabs at the bottom of the form. Sections I-III are on one tab and Sections IV-V are on the other tab.
- **Any Questions?** Contact Pamela.Stutch@maine.gov
- **Return Report to:** Send your completed report as an e-mail attachment to Keith.A.Fougere@maine.gov.

Information You Need to Complete the Report:

All carriers offering small group plans compatible with a health savings account are required to report. All fields are required. Your report is due on or before March 1. Include data for non-emergency, outpatient health care services and any other services included in the incentive program.

- **Section I.** Company Information – Information to identify your company.
- **Section II.** Contact Information – Information about the person completing the report.
- **Section III.** Enrollee & Incentive Information
 - [Per 24-A M.R.S. § 4318-A\(3\)](#), annually at enrollment or renewal, a carrier shall provide notice about the availability of the incentive program to an enrollee who is enrolled in a health plan eligible for the program. Did your company provide notice? Provide as an attachment a sample of this notice with your response.

- The total number of enrollees are all individuals who were enrolled in health plans eligible for the program at any point during the calendar year.
- Number of enrollees who received incentives during the calendar year.
- Number of separate times incentives were received during the calendar year. **Note:** an enrollee may receive more than one incentive for one or more health care services.
- **Section IV.** For each type of non-emergency, outpatient health care service or any other service included in the incentive program, enter the number of times enrollees received that service during the calendar year and the number of times that those enrollees received incentives for those services during the calendar year. **Note:** If enrollees received incentives for another type of health care service not specifically listed, enter the name of that health care service in the yellow area under “Specify Other Non-Emergency Outpatient Health Services” and enter the corresponding number of times enrollees received that health care service during the calendar year and the number of times that those enrollees received incentives for those other health care services during the calendar year.
- **Section V.** For the Specific Types of Health Care Services listed and the Specific Types of Incentives Listed, provide the dollar amount of incentives received by enrollees during the calendar year. **Note:** If an incentive type is not specifically listed, place the amount under “Other Incentives” and then list the other type of incentive in the yellow comment box below Section V (i.e., see “If Applicable, Specify the Other Types of Incentives that Were Provided”).