

## MARYLAND HEALTH BENEFIT PLANS ANNUAL REPORT DUE MARCH 1,

### General Instructions for Filing the Maryland Health Benefit Plans Annual Report

Section 15-605 of the Insurance Article of the Annotated Code of Maryland requires each managed care organization (MCO) that is authorized to receive Medicaid prepaid capitation payments under Title 15, Subtitle 1 of the Health – General Article to annually submit a report by March 1 on its Maryland Health Benefit Plans.

A separate email should be sent with the Health Benefit Plans Report for that company as an attachment. In the Subject Reference line on the email please indicate that this email is for the Maryland Health Benefit Plans Report.

To assist you please use the following instructions:

The most frequently asked questions concerning this report may be found on the Maryland Insurance Administration (MIA) web page.

The data must be submitted “in a format required by the Commissioner”. Failure to submit the report in an acceptable format may result in your report not being accepted/received on time. Because data requirements change you must use the current year’s form. Prior year’s forms or altered forms of the current year will not be accepted. The report form you must use is an Excel format and can be located by clicking on the “Form for Medicaid Plans” on the MIA web page (<http://insurance.maryland.gov/Insurer/Pages/MarylandHealthBenefitPlansAnnualReport.aspx> and click on Form for Medicaid Plans). **DO NOT SUBMIT A SCANNED COPY OF THE FORM. IT MUST BE SUBMITTED IN ORIGINAL EXCEL FORMAT AS AN ATTACHMENT to an email.** If this is not done the report submission will not be compatible with our system, and will not be accepted.

All reports are to be returned by email to: [ocareports.mia@maryland.gov](mailto:ocareports.mia@maryland.gov)

All Data/Responses, whether Alpha or Numeric, are to be typed using the Excel format for the Form for Medicaid Plans.

Provide the legal name of your company in the corresponding blocks. Abbreviations or d/b/a, etc. will not be accepted. If you have no data to report you are still required to return the report.

If you have no data for a specific field/cell leave the field/cell with the current zero.

Be certain to complete the contact section of the report. Failure to do so will result in your not receiving future courtesy reminders. It is your responsibility to keep the contact information we have on record up to date. You may update your contact information anytime by using the “Form to Update Contact Information” on the Maryland Insurance Administration (MIA) website (<http://insurance.maryland.gov/Insurer/Pages/MarylandHealthBenefitPlansAnnualReport.aspx>). Please read the instructions on completing the form also on the MIA website.

All completed reports are to be returned via email. Do not fax or use a postal delivery carrier.

Be certain to email your report to arrive before March 1.