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Date: (Filing No. H-)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
130TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 874, L.D. 1196, “An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health”

Amend the bill by striking out the title and substituting the following:

'An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers'

Amend the bill by striking out everything after the enacting clause and inserting the following:

'PART A

Sec. A-1. 24-A MRSA §6903, sub-§1-A is enacted to read:

1-A. Behavioral health care. "Behavioral health care" means services to address mental health and substance use conditions.

Sec. A-2. 24-A MRSA §6951, sub-§13 is enacted to read:

13. Behavioral health care reporting. Beginning January 15, 2023 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters a report on behavioral health care spending using claims data from the Maine Health Data Organization and information on the methods used to reimburse behavioral health care providers requested annually from payors. As used in this subsection, "payor" has the same meaning as in Title 22, section 8702, subsection 8. The report must include:

A. Of their respective total medical expenditures, the percentage paid for behavioral health care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust and the average percentage of total medical expenditures paid for behavioral health care across all payors;

COMMITTEE AMENDMENT

1 extension on that application. A carrier that requests an extension shall also submit to
 2 the bureau an explanation of the reasons why the credentialing decision on an
 3 application is taking longer than is permitted or, if the problem is not specific to a
 4 particular application, a written remediation plan to bring the carrier’s credentialing
 5 practices in line with the 60-day limit in this paragraph.

6 **Sec. B-2. Bureau of Insurance review.** The Department of Professional and
 7 Financial Regulation, Bureau of Insurance shall review the requirements in Bureau of
 8 Insurance rule Chapter 850, Health Plan Accountability, related to the verification of
 9 information on credentialing applications from health care practitioners and determine
 10 whether amendments must be made to the rule’s requirements in order to improve the
 11 ability of carriers to make a credentialing decision within the 60-day period in accordance
 12 with the Maine Revised Statutes, Title 24-A, section 4303, subsection 2, paragraph D
 13 without an impact on quality standards or accreditation standards. Notwithstanding Title
 14 24-A, section 4309, any amendments to Bureau of Insurance rule Chapter 850 adopted
 15 following the review required by this section are routine technical rules as defined in Title
 16 5, chapter 375, subchapter 2-A.

17 **Sec. B-3. Appropriations and allocations.** The following appropriations and
 18 allocations are made.

19 **PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF**

20 **Insurance - Bureau of 0092**

21 Initiative: Provides funding for one Senior Insurance Examiner position and related All
 22 Other costs to examine insurer requests related to accreditation of health care providers.

23 OTHER SPECIAL REVENUE FUNDS	2021-22	2022-23
24 POSITIONS - LEGISLATIVE COUNT	0.000	1.000
25 Personal Services	\$0	\$121,132
26 All Other	\$0	\$10,803
27		
28 OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$131,935

29
 30 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
 31 number to read consecutively.

32 **SUMMARY**

33 This amendment replaces the bill.

34 Under current law, the Maine Quality Forum has been required to submit an annual
 35 report on primary care spending since 2020. Part A of the amendment requires the Maine
 36 Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral
 37 health care spending based on claims data reported to the Maine Health Data Organization
 38 and information on methods of reimbursement reported by insurers.

39 Part B of the amendment requires carriers to make all credentialing decisions on a
 40 completed application within 60 days and requires an insurance carrier to notify a health
 41 care provider if an application is incomplete and needs correction within 30 days of initial
 42 receipt of an application. A carrier that is unable to make a credentialing decision on a

1 completed credentialing application within the 60-day period must notify the Department
2 of Professional and Financial Regulation, Bureau of Insurance in writing prior to the
3 expiration of the 60-day period on that application and request authorization for an
4 extension on that application. A carrier that requests an extension must also submit to the
5 bureau an explanation of the reasons why the credentialing decision on an application is
6 taking longer than is permitted or, if the problem is not specific to a particular application,
7 a written remediation plan to bring the carrier’s credentialing practices in line with the 60-
8 day limit.

9 Part B also requires the Bureau of Insurance to review the requirements in Bureau of
10 Insurance rule Chapter 850, Health Plan Accountability, related to the verification of
11 information on credentialing applications from health care practitioners and determine
12 whether amendments must be made to the requirements for carriers to verify certain
13 information on a credentialing application in order to improve the ability of carriers to make
14 a credentialing decision within the 60-day period without an impact on quality standards
15 or accreditation standards. It also adds an appropriations and allocations section.

16 **FISCAL NOTE REQUIRED**

17 **(See attached)**