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Honorable Heather Sanborn, Senate Chair
Honorable Denise Tepler, House Chair
Joint Standing Committee on Health Coverage, Insurance and Financial Services
100 State House Station
Augusta, Maine 04333-0100

Re: L.D. 1196, "An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health"—Proposed Amendment

Dear Senator Sanborn, Representative Tepler, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

On behalf of Anthem Blue Cross and Blue Shield, I would like to thank you for the opportunity the following comments to summarize my comments at the work session on the proposed amendment to ***L.D. 1196, "An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health."***

We have concerns with the proposed amendment to L.D. 1196 and appreciate the opportunity to share those concerns with you.

First, the definition of "behavioral health care" is overly broad. The term, which is used in various places in Title 24-A, is not currently defined. The proposed definition has implications beyond the proposal currently before you. The proposed definition of "behavioral health care services" would apply to the entire Health Care Improvement Act, potentially changing the coverage currently required under sections 4320-A and 4320-D. Requiring additional coverage beyond what is required today represents new mandated benefits that should be studied by the Bureau of Insurance to understand the impact and any associated costs. If the Committee feels a definition is needed, we suggest defining "behavioral health care" as "services to address mental health and substance abuse conditions."

We are also concerned about the proposed restrictions on credentialing of behavioral health providers and payment of behavioral health providers. Carriers must have the ability to contract for credentialing of mental health or medical services. It is also not clear what is meant by "a process . . . that is separate from . . . the credentialling process that is used for any other provider." Does that mean a carrier cannot have separate staff assigned to the credentialing of behavioral health providers? It would also prevent the prioritizing of various specialties to accommodate varying needs. For example, given backlogs in credentialing of providers and processing of provider maintenance forms, one of the steps taken to address was to prioritize

Similarly, carriers should have the ability to contract for the processing of behavioral health claims to meet operational needs. The carrier is still ultimately responsible for compliance with all applicable requirements. and while there have been anecdotal references to issues, there have been no real-world examples of a problem to be addressed.

It is worth noting that proponents referenced the fact that it is burdensome to interact with over 70 health insurers; however, it is important to remember that this bill would have virtually no impact on that problem as it would only apply to the six or so commercial plans doing business in Maine.

Thank you for the opportunity to share our concerns. I would be happy to answer any questions you may have.

Sincerely,

Kristine M. Ossenfort, Esq.
Senior Director, Government Relations