

		L.D. 1935					
2	C 211 A1						
4	date: 5-24-04	(Filing No. H-1116)					
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б	Reproduced and distributed under the the House.	direction of the Clerk of					
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10	STATE OF MAINE HOUSE OF REPRESENTATIVES 122ND LEGISLATURE						
12	SECOND REGULAR SESSION						
14							
16	HOUSE AMENDMENT " K " to COMMITTEE L.D. 1935, Bill, "An Act To Protect He						
18	Amend the amendment by striking o	out the substitute title and					
	replacing it with the following:						
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22	'An Act To Protect Health Insurance (Savings Offset Payment'	Consumers and To Modify the					
24	Further amend the amendment by						
26	and Part B and inserting in their plac	e the following:					
20	'Sec. 1. 24-A MRSA §1906, sub-§12 i	s enacted to read:					
28	° , °						
	12. An administrator must pro						
30	individuals of each plan sponsor,						
32	health maintenance organization or in or settles claims regarding saving						
52	Health, established in chapter 87.						
34	and provide to each administrator a	copy of the notice. For					
36	calendar year 2006, the notice must September 30, 2006.	<u>. De mailed no later than</u>					
	<u></u>						
38	A. The notice must contain, at a						
	aggregate measurable cost saving	s as determined pursuant to					
40	section 6913, subsection 1.						

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2 B. Any notice or information by an administrator to covered individuals, in whatever manner conveyed, regarding Dirigo Health savings other than the notice required in this 4 subsection must be deemed a violation of the laws governing trade practices and frauds in chapter 23. б 8 C. An administrator who fails to provide the notice required in this subsection is subject to a fine of \$200 for each covered individual who would have received such notice 10 but for the failure to provide it or who receives a notice that fails to comply with the requirements of this 12 subsection. 14 Sec. 2. 24-A MRSA §1909, sub-§11 is enacted to read: 16 11. No amount of the savings offset payment, as established under section 6913, paid by an administrator may be paid out of 18 charges, contributions or premiums made by or on behalf of a plan sponsor, health care service plan, health maintenance 20 organization or insurer to the administrator. If at any time the 22 superintendent has reason to believe that the payment of funds by the administrator for the savings offset payment would frustrate 24 the purposes of this subsection, the superintendent shall conduct an investigation and, upon determination of a violation of this 26 subsection, shall require the administrator to return the funds to the plan. Upon application by an administrator, if the 28 superintendent has reason to believe that the funds available to pay the savings offset payment may not be adequate, the superintendent shall cause a hearing to be held to determine the 30 amount and sources of funds available to the administrator to pay 32 the savings offset payment and what relief is available. Sec. 3. 24-A MRSA §2736-C, sub-§2, ¶F, as enacted by PL 2003, 34 c. 469, Pt. E, §12, is amended to read: 36 F. A carrier that adjusts its rate shall account for the savings-offset-payment-or any recovery in that the savings 38 offset payment in its experience consistent with this section and section 6913, but the carrier may not adjust its 40 rate to reflect the savings offset payment amount paid by 42 the carrier. (1) A carrier must provide a notice to insured policy 44 holders and certificate holders in accordance with this 46 paragraph. Dirigo Health, established in chapter 87, shall prepare and provide to each carrier a copy of the 48 notice. For calendar year 2006, the notice must be mailed no later than September 30, 2006. 50

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R.O.S.

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	(a) The notice must contain, at a minimum, the
2	amount of the aggregate measurable cost savings as
-	determined pursuant to section 6913, subsection 1.
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	(b) Any notice or information by a carrier to
6	insured policy holders and certificate holders, in
	whatever manner conveyed, regarding Dirigo Health
8	savings other than the notice required in this
	subparagraph must be deemed a violation of the
10	laws governing trade practices and frauds in
	chapter 23.
12	
	(c) A carrier who fails to provide the notice
14	required in this subparagraph is subject to a fine
	of \$200 for each insured policy holder and
16	certificate holder who would have received such
	notice but for the failure to provide it or who
18	receives a notice that fails to comply with the
	requirements of this subparagraph.
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	Sec. 4. 24-A MRSA §2808-B, sub-§2-B, ¶D, as enacted by PL
22	2003, c. 469, Pt. E, §16, is amended to read:
24	D. A carrier that adjusts its rate shall account for the
	savings-offset-payment-or any recovery of that the savings
26	offset payment in its experience consistent with this
	section and section 6913, but the carrier may not adjust its
28	rate to reflect the savings offset payment amount paid by
	the carrier.
30	
	(1) A carrier must provide a notice to insured policy
32	holders and certificate holders in accordance with this
	subparagraph. Dirigo Health, established in chapter
34	87, shall prepare and provide to each carrier a copy of
	the notice. For calendar year 2006, the notice must be
36	mailed no later than September 30, 2006.
38	(a) The notice must contain, at a minimum, the
	<u>amount of the aggregate measurable cost savings as</u>
40	determined pursuant to section 6913, subsection 1.
42	(b) Any notice or information by a carrier to
	insured policy holders and certificate holders, in
44	whatever manner conveyed, regarding Dirigo Health
	savings other than the notice required in this
46	subparagraph must be deemed a violation of the
	laws governing trade practices and frauds in
48	<u>chapter 23.</u>

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(c) A carrier who fails to provide the notice required in this subparagraph is subject to a fine of \$200 for each insured policy holder and certificate holder who would have received such notice but for the failure to provide it or who receives a notice that fails to comply with the requirements of this subparagraph.

Sec. 5. 24-A MRSA §2839-B, sub-§2, as enacted by PL 2003, c. 10 469, Pt. E, §17, is amended to read:

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12 2. Annual filing. Every carrier offering group health insurance specified in subsection 1 shall annually file with the superintendent on or before April 30th a certification signed by 14 a member in good standing of the American Academy of Actuaries or 16 a successor organization that the carrier's rating methods and practices are in accordance with generally accepted actuarial 18 principles and with the applicable actuarial standards of practice as promulgated by an actuarial standards board. The 20 filing must certify that the carrier has not included in its experience any savings offset payments paid in accordance with 22 section 6913. The filing must also certify that the carrier has included in its experience any savings--effset--payments--eff 24 recovery of these savings offset payments consistent with section 6913. The filing also must state the number of policyholders, 26 certificate holders and dependents, as of the close of the preceding calendar year, enrolled in large group health insurance 28 plans offered by the carrier. A filing and supporting information are public records except as provided by Title 1, section 402, subsection 3. 30

- A. A carrier must provide a notice to insured policy holders and certificate holders in accordance with this paragraph. Dirigo Health, established in chapter 87, shall prepare and provide to each carrier a copy of the notice.
 For calendar year 2006, the notice must be mailed no later than September 30, 2006.
- (1) The notice must contain, at a minimum, the amount
 of the aggregate measurable cost savings as determined
 pursuant to section 6913, subsection 1.
 42
- (2) Any notice or information by a carrier to insured
 policy holders and certificate holders, in whatever
 manner conveyed, regarding Dirigo Health savings other
 than the notice required in this paragraph must be
 deemed a violation of the laws governing trade
 practices and frauds in chapter 23.

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(3) A carrier who fails to provide the notice required in this paragraph is subject to a fine of \$200 for each insured policy holder and certificate holder who would have received such notice but for the failure to provide it or who receives a notice that fails to comply with the requirements of this paragraph.

Sec. 6. 24-A MRSA §6913, sub-§1, ¶A, as enacted by PL 2005, c. 400, Pt. A, §10, is amended to read:

A. After an opportunity for a hearing conducted pursuant to 12 chapter 375, subchapter 4, the board shall Title 5, determine annually not later than April 1st the aggregate 14 measurable cost savings contained in Public Law 2003, chapter 469, including but not limited to any reduction or avoidance of bad debt and charity care costs to health care 16 providers in this State as a result of the operation of 18 Dirigo Health and any increased MaineCare enrollment due to an expansion in MaineCare eligibility occurring after June 20 30, 2004, and any further cost savings initiatives adopted and approved by the board for plan years beginning on or 22 after January 1, 2007.

Sec. 7. 24-A MRSA §6913, sub-§2, as repealed and replaced by PL 2005, c. 400, Pt. A, §11, is amended to read:

2. Determination of savings offset amount. The board shall determine annually a savings offset amount to be paid by health 28 insurance carriers, employee benefit excess insurance carriers 3rd-party administrators, 30 and not including carriers and 3rd-party administrators with respect to accidental injury, 32 specified disease, hospital indemnity, dental, vision, disability income, long-term care, Medicare supplement or other limited 34 benefit health insurance. The board shall determine the savings offset amount in accordance with the following:

A. Not later than April of each year, the board shall prospectively determine the savings offset amount to be applied during each 12-month calendar year period;

B. To determine the savings offset amount, the board shall
use the criteria and reports described in subsections 7 and
8;

C. The savings offset amount must reflect and may not exceed aggregate measurable cost savings, as determined by the board pursuant to subsection 1; and

D. The savings offset amount calculation is limited to the amount of funds necessary to provide subsidies pursuant to

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section 6912 and to support the Maine Quality Forum established in section 6951 and may not include general administrative expenses of Dirigo Health, except for general administrative expenses of the Maine Quality Forum.

6 The-savings-offset-amount-determined-by-the-board-in-accordance with-this-subsection-is-the-determining-factor-for-inclusion-of 8 savings-offset-payments-in-promiums-through-rate-setting-review by-the-bureau.

Sec. 8. 24-A MRSA §6913, sub-§9, as enacted by PL 2003, c. 12 469, Pt. A, §8, is amended to read:

Demonstration of recovery of savings offset payments. 14 9. As provided in sections 2736-C, 2808-B and 2839-B, the claims experience used to determine any filed premiums or rating formula 16 may not reflect the savings offset payment amount determined in 18 accordance with subsection 2, but must reasonably reflect, in accordance with accepted actuarial standards, known changes and 20 offsets-in recovery of savings offset payments by the carrier to health care providers in this State, including any reduction or avoidance of bad debt and charity care costs to health care 22 providers in this State as a result of the operation of Dirigo Health and any increased enrollment due to an expansion in 24 MaineCare eligibility occurring after June 30, 2004 as determined 26 by the board consistent with subsection 1.

Sec. 9. Fixed savings offset payment for plan years beginning 28 January 1, 2006 to December 31, 2006. Notwithstanding the Maine Revised Statutes, Title 24-A, section 6913, subsection 1 to 3, 30 the savings offset payment for plan years beginning January 1, 2006 to December 31, 2006 must equal a total of \$35,000,000 for 32 all health insurance carriers, 3rd-party administrators and employee benefit excess insurance carriers. 34 For plan years beginning January 1, 2006 to December 31, 2006, the Board of Directors of Dirigo Health shall disregard the savings offset 36 amount calculation set forth in Title 24-A, section 6913, 38 subsection 2. The savings offset payment established pursuant to this section must be paid in accordance with the schedule 40 established in Title 24-A, section 6913, subsection 3, paragraph F. No later than 90 days after the effective date of this Act, 42 all health insurance carriers shall file amended rate filings with the Superintendent of Insurance in accordance with this The savings offset payment set forth in this section 44 section. applies retroactively to any savings offset payment that has been assessed and paid pursuant to Title 24-A, section 6913 for plan 46 years beginning January 1, 2006. No later than 30 days following 48 the effective date of this Act, Dirigo Health shall issue refunds of, or credits for, any amounts

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HOUSE AMENDMENT "K" to COMMITTEE AMENDMENT "A" to S.P. 736, L.D. 1935 collected in excess of the limitations established in this 2 section. Sec. 10. Appropriations and allocations. The following 4 appropriations and allocations are made. 6 PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF 8 Bureau of Insurance 0092 10 Initiative: Allocates funds for the costs of implementing the 3rd-party administrator provisions of the Dirigo Health Program 12 savings offset payment. 14 OTHER SPECIAL REVENUE FUNDS 2005-06 2006-07 16 All Other \$0 \$50,000 18 OTHER SPECIAL REVENUE FUNDS TOTAL \$0 \$50,000' 20 22 SUMMARY 24 This amendment makes the following changes to the laws governing Dirigo Health. 26 It prohibits insurance carriers from including the costs 28 of the savings offset payment used to support the Dirigo Health Program in health insurance premium rates. 30 2. It prohibits administrators from passing the costs of 32 the savings offset payment to covered individuals. It gives the Superintendent of Insurance authority to provide relief to those administrators that demonstrate the funds 34 available are inadequate. 36 It requires health insurance carriers and administrators 3. 38 to notify insureds of the savings attributable to the Dirigo Health Program and Public Law 2003, chapter 469. 40 4. It clarifies that aggregate measurable cost savings are 42 not limited to bad debt and charity care but rather include all cost savings initiatives contained in Public Law 2003, chapter 469 and further cost savings initiatives adopted and approved by 44 the Board of Directors of Dirigo Health.

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HOUSE AMENDMENT "K" to COMMITTEE AMENDMENT "A" to S.P. 736, L.D. 1935 5. It establishes a fixed amount of \$35,000,000 as the 2 savings offset payment for plan years beginning January 1, 2006 to December 31, 2006. 4 6 FISCAL NOTE REQUIRED 8 (See attached) 10 12 SPONSORED BY: (Representative 14 TOWN: Falmouth 16

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122nd MAINE LEGISLATURE

LD 1935

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An Act To Protect Health Insurance Consumers

Fiscal Note for House Amendment "K" to Committee Amendment "H" Sponsor: Rep. Brautigam Fiscal Note Required: Yes

Fiscal Note

	2005-06	2006-07	Projections 2007-08	Projections 2008-09
Net Cost (Savings)				
General Fund	\$0	(\$6,130)	\$0	\$0
Appropriations/Allocations				
General Fund	\$0	(\$6,130)	\$0	\$0
Other Special Revenue Funds	\$0	\$49,500	\$0	\$0
Other Funds	\$0	\$12,900,000	\$0	\$0
Revenue				
Other Funds	\$0	\$12,000,000	\$0	\$0

Fiscal Detail and Notes

The numbers above reflect the incremental difference between this amendment and the Committee Amendment. Assumes this amendment's proposed 2006 savings offset payment (SOP) of \$35 million would increase Dirigo Health program revenue by 12 million over the Committee Amendment's proposed \$23 million, 2006 SOP.

By prohibiting third party administrators from passing on the savings offset payment (SOP), this amendment could result in saving to the State Employee Health Plan from the \$2.9 million budgeted to pay for the SOP for FY 2006-07. The General Fund share of these savings would be approximately \$1.2 million. The amendment provides for a review process that may still allow the third party administrator to pass on these costs.

Assumes the Bureau of Insurance in the Department of Professional and Financial Regulation will require an additional Other Special Revenue Funds allocation of \$50,000 for the additional costs related to the third party administrator provisions of this amendment. The allocation is needed for the costs of contracted external expertise the Bureau anticipates it will need.