

MAINE STATE LEGISLATURE

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INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE

SENATE

127TH LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT " A " to S.P. 58, L.D. 124, Bill, "An Act To Require Payment by a Carrier for Health Care Services Provided to Enrollees of the Carrier"

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

Sec. 1. 24-A MRSA §4303, sub-§2, as amended by PL 2013, c. 383, §4, is further amended to read:

2. Credentialing. The ~~eredentialling~~ credentialing of providers by a carrier is governed by this subsection.

A. The granting of credentials must be based on objective standards that are available to providers upon application for ~~eredentialling~~ credentialing. A carrier shall consult with appropriately qualified health care professionals in developing its ~~eredentialling~~ credentialing standards.

B. All ~~eredentialling~~ credentialing decisions, including those granting, denying or withdrawing credentials, must be in writing. The provider must be provided with all reasons for the denial of an application for ~~eredentialling~~ credentialing or the withdrawal of credentials. A withdrawal of credentials must be treated as a provider termination and is subject to the requirements of subsection 3-A.

C. A carrier shall establish and maintain an appeal procedure, including the provider's right to a hearing, for dealing with provider concerns relating to the denial of ~~eredentialling~~ credentialing for not meeting the objective ~~eredentialling~~ credentialing standards of the plan and the contractual relationship between the carrier and the provider. The superintendent shall determine whether the process provided by a carrier is fair and reasonable. This procedure must be specified in every contract between a carrier and a provider or between a carrier and a provider network if a carrier does not contract with providers individually.

D. A carrier shall make ~~eredentialling~~ credentialing decisions, including those granting or denying credentials, within 60 days of receipt of a completed ~~eredentialling~~ credentialing application from a provider. The time period for granting

1 or denying credentials may be extended upon written notification from the carrier
 2 within 60 days following submission of a completed application stating that
 3 information contained in the application requires additional time for verification. All
 4 ~~credentialling~~ credentialing decisions must be made within 180 days of receipt of a
 5 completed application. For the purposes of this paragraph, an application is
 6 completed if the application includes all of the information required by the uniform
 7 ~~credentialling~~ credentialing application used by carriers and providers in this State,
 8 such attachments to that application as required by the carrier at the time of
 9 application and all corrections required by the carrier. A carrier shall review the
 10 entire application before returning it to the provider for corrections with a
 11 comprehensive list of all corrections needed at the time the application is first
 12 returned to the provider. A carrier may not require that a provider have a home
 13 address within the State before accepting an application.

14 **Sec. 2. 24-A MRSA §4303, sub-§2-A** is enacted to read:

15 **2-A. Payment to provider for services rendered during pendency of**
 16 **credentialing. A carrier offering or renewing a health plan in the State shall pay claims**
 17 **for services rendered to an enrollee by a provider prior to credentials being granted from**
 18 **the date a complete application for credentialing is submitted to the carrier as long as**
 19 **credentials are granted to that provider by the carrier in accordance with the requirements**
 20 **of subsection 2. A provider intending to submit a claim pursuant to this subsection may**
 21 **not submit the claim until the provider has been notified by the carrier whether the**
 22 **provider has been credentialed and of the effective date of any credentials. If a claim is**
 23 **submitted prior to the date credentials are granted, the carrier may process that claim in**
 24 **the same manner as a claim submitted by a provider that has not been credentialed.**

25 SUMMARY

26 This amendment replaces the bill. The amendment requires carriers to pay providers
 27 for services rendered prior to credentials being granted, retroactive to when a complete
 28 application for credentialing is submitted, as long as credentials are granted to that
 29 provider by the carrier. The bill required retroactive payment to a provider for services
 30 rendered up to 60 days prior to credentials being granted. The amendment clarifies that a
 31 claim may not be submitted until the provider has been notified of the credentialing
 32 decision and the effective date of any credentials.

33 The amendment makes a spelling change to match the preferred spelling of the
 34 relevant national accrediting organization.

35 FISCAL NOTE REQUIRED

36 (See attached)



127th MAINE LEGISLATURE

LD 124

LR 1150(02)

An Act To Require Payment by a Carrier for Health Care Services Provided to Enrollees of the Carrier

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-47)

Committee: Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Any additional costs to the Department of Professional and Financial Regulation to adopt the changes in this bill are expected to be minor and can be absorbed within existing budgeted resources.