

Amendment to SB 498-FN

1 Amend RSA 135-F:10, III as inserted by section 1 of the bill by replacing it with the following:

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3 III. "Assessable lives" means all children under 19 years of age residing in the state who
4 have assessable coverage written or administered by an assessable entity, with the exception of:

5 (a) Children whose childhood behavioral health services are paid for under Medicaid; or

6 (b) Children covered under a health benefit plan product that qualifies for an exemption
7 under RSA 135-F:13-a.

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9 Amend RSA 135-F:12, V as inserted by section 1 of the bill by inserting after subparagraph (q) the
10 following new subparagraph:

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12 (r) Coordinate with the commissioner of the department of health and human services to
13 receive an annual, de-identified report detailing the aggregate cost of childhood behavioral health
14 services reimbursed by the state during the prior calendar year.

15

16 Amend RSA 135-F:13 as inserted by section 1 of the bill by replacing it with the following:

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18 135-F:13 Assessment Determination.

19 I. The board shall determine an assessment for each assessable entity in accordance with
20 this section. An assessment determination made pursuant to this section is a medical benefit cost
21 and not a regulatory cost for purposes of calculating the carrier's medical loss ratio.

22 II. In determining the assessment amount, the board shall:

23 (a) Estimate the total non-federal program cost for the succeeding year;

24 (b) Add its anticipated operating costs for the succeeding year and such additional
25 working capital reserves as may be established by the board from time to time;

26 (c) Add a reserve of up to 10 percent of the anticipated cost under subparagraph (a) for
27 unanticipated costs associated with providing childhood behavioral health services to children
28 covered;

29 (d) Subtract the amount of any unexpended assessments collected in the preceding year
30 along with any unexpended interest accrued to the fund during the preceding year; and

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1 (e) Apportion the resulting total assessment need among all assessable entities by
2 dividing that total assessment need by the total number of assessable lives in the state, as defined in
3 RSA 135-F:10, III, and applying that per-life rate to each assessable entity.

4 III. The board shall include in its plan of operations, details regarding the timing for
5 assessment collections, and the form and format assessable entities shall use to calculate
6 assessments.

7 IV. The board shall include in its plan of operation details regarding payment due dates,
8 grace periods, late payment fees, interest, and other details regarding the collection of assessments.

9 V. The board may determine an interim assessment for new childhood behavioral health
10 services or unanticipated shortfalls in the association's ability to meet childhood behavioral health
11 services funding needs. The board shall calculate the interim assessment in accordance with
12 paragraph II, and the interim assessment is payable the calendar quarter that begins no less than
13 30 days following the establishment of the interim assessment. The board shall not impose more
14 than one interim assessment per year.

15 VI. In the event that the association discontinues operation for any reason, any unexpended
16 assessments, including unexpended funds from prior assessments in the state childhood behavioral
17 health services fund, shall be refunded to payees in proportion to the respective assessment
18 payments by payees over the most recent 8 quarters prior to discontinuation of association
19 operations.

20 135-F:13-a Conditional Exemption and Provider Responsibilities.

21 I. Subject to joint approval by the department of insurance and the department of health
22 and human services and subsequent to a coverage adequacy review to be jointly conducted by both
23 departments, to qualify for the exemption under this section as referenced in RSA 135-F:10, III(b),
24 an assessable entity shall provide:

25 (a) Comprehensive coverage of the children's behavioral health service array defined in
26 RSA 135-F:10, VIII; and

27 (b) Inclusion of care management entities (CMEs) as defined in RSA 135-F:10, VII in its
28 provider network; or

29 (c) Evidence that care management entities refused commercially reasonable rates,
30 defined as actuarially reasonable and not less than Medicaid, for provider network participation.

31 II. To maintain the exemption for a given calendar year, the assessable entity shall
32 maintain its service array and CME network contract in good standing for the entirety of that year.

33 III. Care management entities operating within the state shall engage in good faith
34 negotiations with assessable entities to establish in-network contracts. The department of health
35 and human services shall require such negotiations as a condition of CME provider contracts.

36 IV. Nothing in this chapter shall be construed to require a health benefit plan to provide
37 coverage for childhood behavioral health services.

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1 Amend the bill by replacing section 4 with the following:

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3 4 Effective Date. This act shall take effect 180 days after its passage.