Amend the amendment by striking out all of the first paragraph after the title (page 1, lines 11 to 14 in amendment) and inserting the following:

'

Amend the bill in Part A by striking out all of section 1 (page 1, lines 3 to 14 in L.D.) and inserting the following:

'**Sec. A-1. 24-A MRSA §2809-A, sub-§1-A, ¶B-2** is enacted to read:

B-2. All notices of cancellation sent to certificate holders pursuant to paragraph B-1 must include a toll-free telephone number that certificate holders can call to determine if the policy has been cancelled for nonpayment of premium or if the policy has been reinstated because the premium has been paid.'

Amend the bill in Part A by striking out all of section 4 (page 1, line 38 and page 2, lines 1 to 23 in L.D.) and inserting the following:

'**Sec. A-4. 24-A MRSA §4303, sub-§13** is enacted to read:

13. Explanation of benefits. A carrier offering an individual expense-incurred health plan to residents of this State or an expense-incurred group health plan to an employer in this State shall provide individual policyholders and group certificate holders with clear written explanations of benefit documents in response to the filing of any claim providing for coverage of hospital or medical expenses. The explanation of benefits must include all of the following information:

A. The date of service;

B. The provider of the service;

C. An identification of the service for which the claim is made;

D. Any amount the insured is obligated to pay under the policy for copayment or coinsurance;

E. A telephone number and address where the insured may obtain clarification of the explanation of benefits;

F. A notice of appeal rights; and

G. A notice of the right to file a complaint with the bureau after exhausting any appeals under a carrier's internal appeals process.

The superintendent shall establish by rule the minimum information and standards for explanation of benefits forms used by carriers, taking into consideration any input from stakeholders and any national standards for explanation of benefits forms. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. This subsection applies to any explanation of benefits form issued on or after January 1, 2010.

Amend the amendment in Part C by striking out all of section 1 and inserting the following:

'**Sec. C-1. 24-A MRSA §2736, sub-§1,** as amended by PL 2009, c. 14, §4 and c. 244, Pt. G, §1, is repealed and the following enacted in its place:

1. Filing of rate information. Every insurer shall file for approval by the superintendent every rate, rating formula, classification of risks and every modification of any formula or classification that it proposes to use in connection with individual health insurance policies and certain group policies specified in section 2701. If the filing applies to individual health plans as defined in section 2736-C, the insurer shall simultaneously file a copy with the Attorney General. Every such filing must state the effective date of the filing. Every such filing must be made not less than 60 days in advance of the stated effective date, unless the 60-day requirement is waived by the superintendent, and the effective date may be suspended by the superintendent for a period of time not to exceed 30 days. A filing required under this section must be made electronically in a format required by the superintendent unless exempted by rule adopted by the superintendent. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

Amend the amendment in Part D by striking out all of sections 2 and 3.

Amend the amendment in Part F in section 1 in subsection 7-A in the 9th line (page 5, line 11 in amendment) by inserting after the following: "authorization" the following: 'for a period not to exceed 6 months'

SUMMARY

This amendment makes the following changes.

1. It removes the requirement that carriers provide written notice of reinstatement of a group policy following a cancellation notice for nonpayment of premium. In place of the written notice requirement, this amendment requires carriers to provide a toll-free telephone number that certificate holders can call to determine if the policy has been cancelled or reinstated after payment of the premium.

2. It removes requirements of the bill that the Superintendent of Insurance establish additional requirements for explanation of benefits forms through rulemaking.

3. It removes the provisions that increase the minimum loss ratio for small group health plans.

4. It limits the requirement that a carrier replacing a previous carrier honor any prior authorizations for prescription drugs to a period not to exceed 6 months.

5. It corrects a conflict involving the section concerning the subject of the filing of rate information created by Public Law 2009, chapters 14 and 244 by incorporating the changes made in those laws with the changes proposed in Committee Amendment "A."