MINNESOTA COUNCIL of HEALTH PLANS

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Senate Commerce and Consumer Protection Committee
95 University Avenue W.
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Chair Klein and Members of the Committee:

The Minnesota Council of Health Plans, the trade association for Minnesota's nonprofit health plans (Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, and Sanford Health Plan) works every day to support access to high-quality affordable health care. We are writing to respectfully express concerns with SF 3705.

Minnesota's nonprofit health plans have a history of strong collaboration in support of access to mental health care. Consistent with that approach, our members were vocal advocates to reduce the mental health treatment stigma that pre-dated the pandemic. The pandemic time period was then associated with a new and unprecedented scenario—an exponential surge in requests for mental health care. The Council was proud to have worked with NAMI to craft a program specifically designed to help meet that surging need. The Council suggested, and NAMI incorporated, certain program integrity concepts and a limited timeframe for the change to be in effect.

This bill extends that temporary, and since expired, requirement into perpetuity, requiring health plans to contract with any provider that meets the basic credentialing requirements. Health plan credentialling requirements primarily confirm that a provider holds the appropriate qualifications to practice, but credentialing alone does not address the broader factors that plans evaluate when determining whether a provider should be allowed to participate in the network.

Under this bill, plans could be required to contract with providers even when there are concerns. It is important to note that providers of mental health services referenced in the bill do not just include licensed psychiatrists, but also other services including Adult Rehabilitative Mental Health Services (ARMHS) and Early Intensive Developmental and

Behavioral Intervention (EIDBI), a program for people with autism. ARMHS and EIDBI are two of the fourteen programs identified by the Minnesota Department of Human Services as high-risk for fraud. The requirement to include any willing provider that meets the basic credentialling requirements has and will result in unscrupulous providers joining networks when they otherwise may not have. When plans then later identify those bad actors, they have to go through a formal processes to terminate the provider, which is costly and most often done post-payment for services. We are concerned that extending this requirement without proper revisions to incorporate heightened program integrity elements will allow an opportunity for bad actors to further exploit Minnesotans.

We are working on language to revise the bill to address the concerns outlined in this letter and look forward to working with the advocates in an effort to maintain broad access to needed care for Minnesotans while preventing fraud and holding down costs.

Sincerely,



Lucas Nesse
President and CEO