

**HOUSE SUBSTITUTE FOR
SENATE BILL NO. 28**

A bill to make, supplement, and adjust appropriations for various state departments and agencies for the fiscal year ending September 30, 2021; and to provide for the expenditure of the appropriations.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

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PART 1

LINE-ITEM APPROPRIATIONS

Sec. 101. There is appropriated for various state departments and agencies to supplement appropriations for the fiscal year ending September 30, 2021, from the following funds:

APPROPRIATION SUMMARY

GROSS APPROPRIATION	\$	10,000,000
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Interdepartmental grant revenues:



1	Total interdepartmental grants and		
2	intradepartmental transfers		0
3	ADJUSTED GROSS APPROPRIATION	\$	10,000,000
4	Federal revenues:		
5	Total federal revenues		0
6	Special revenue funds:		
7	Total local revenues		0
8	Total private revenues		0
9	Total other state restricted revenues		0
10	State general fund/general purpose	\$	10,000,000
11	Sec. 102. DEPARTMENT OF INSURANCE AND FINANCIAL		
12	SERVICES		
13	(1) APPROPRIATION SUMMARY		
14	GROSS APPROPRIATION	\$	10,000,000
15	Interdepartmental grant revenues:		
16	Total interdepartmental grants and		
17	intradepartmental transfers		0
18	ADJUSTED GROSS APPROPRIATION	\$	10,000,000
19	Federal revenues:		
20	Total federal revenues		0
21	Special revenue funds:		
22	Total local revenues		0
23	Total private revenues		0
24	Total other state restricted revenues		0
25	State general fund/general purpose	\$	10,000,000
26	(2) ONE-TIME APPROPRIATIONS		
27	Post-acute auto injury provider relief fund	\$	10,000,000
28	GROSS APPROPRIATION	\$	10,000,000



1 Appropriated from:

2 **State general fund/general purpose** \$ 10,000,000

5 PART 2

6 PROVISIONS CONCERNING APPROPRIATIONS

8 **GENERAL SECTIONS**

9 Sec. 201. Pursuant to section 30 of article IX of the state
10 constitution of 1963, total state spending from state sources under
11 part 1 for the fiscal year ending September 30, 2021 is
12 \$10,000,000.00 and total state spending from state sources to be
13 paid to local units of government is \$0.00.

14 Sec. 202. The appropriations made and expenditures authorized
15 under this part and part 1 and the departments, commissions,
16 boards, offices, and programs for which appropriations are made
17 under this part and part 1 are subject to the management and budget
18 act, 1984 PA 431, MCL 18.1101 to 18.1594.

19 Sec. 203. If the state administrative board, acting under
20 section 3 of 1921 PA 2, MCL 17.3, transfers funds from an amount
21 appropriated under this act, the legislature may, by a concurrent
22 resolution adopted by a majority of the members elected to and
23 serving in each house, inter-transfer funds within this act for the
24 particular department, board, commission, office, or institution.

26 **DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**

27 Sec. 301. (1) The post-acute auto injury provider relief fund
28 is created within the department of treasury.

29 (2) From the money appropriated in part 1 for the post-acute



1 auto injury provider relief fund, \$10,000,000.00 must be deposited
2 into the fund.

3 (3) All money in the fund is appropriated and is available for
4 expenditure. Expenditures are limited to support purposes as
5 specified in this section. Not more than \$500,000.00 may be
6 expended from the fund by the department for administrative
7 expenses incurred under this section.

8 (4) Interest and earnings from the investment of money
9 deposited into the fund must be deposited into the general fund.

10 (5) A provider may receive a distribution from the fund only
11 if the charge pertains to a service for which there is no Medicare
12 code and the provider can demonstrate to the department that fees
13 under section 3157 of the insurance code of 1956, 1956 PA 218, MCL
14 500.3157, have caused the provider to bill at rates that are below
15 the cost of providing the service. To meet this standard, a
16 provider must submit all of the following to the department with
17 the provider's application:

18 (a) The total number of patients treated by the provider and
19 the entities billed for each patient.

20 (b) A full list of charges and supporting invoices for all
21 charges that were charged to and paid by auto insurers for motor-
22 vehicle-accident-related care in 2019.

23 (c) A full list of charges and supporting invoices for all
24 charges that were charged to and paid by other forms of insurance
25 or other entities for non-motor-vehicle-accident-related care in
26 2019.

27 (d) Evidence to demonstrate that the provider attempted to
28 bill for a service that does not have a Medicare code, has not been
29 paid at the charged rate, and that adjustment has been upheld by



1 the department during the utilization review process under the
2 utilization review rules, R 500.61 to R 500.69 of the Michigan
3 Administrative Code, promulgated by the department under section
4 3157a of the insurance code of 1956, 1956 PA 218, MCL 500.3157a.

5 (e) Documentation indicating a good-faith effort to alter
6 business practices to adhere to section 3157 of the insurance code
7 of 1956, 1956 PA 218, MCL 500.3157. The department may determine
8 further requirements to achieve compliance with this subdivision.

9 (f) Documentation, including full financial statements,
10 indicating a systematic deficit caused by changes to charges, as
11 required by section 3157 of the insurance code of 1956, 1956 PA
12 218, MCL 500.3157. The department may determine further
13 requirements to achieve compliance with this subdivision.

14 (g) Any other information that the department considers to be
15 necessary to determine whether distribution of money from the fund
16 to a provider is appropriate. The department may determine further
17 requirements to achieve compliance with this subdivision.

18 (6) A provider that enters this state as a new licensee or
19 that reincorporates under a new name after January 1, 2020, is not
20 eligible to receive money from the fund. The department shall
21 include the prohibition under this subsection in application
22 guidance provided by the department.

23 (7) The department shall administer the fund, including
24 reviewing and approving applications for funding and distributing
25 funding to post-acute auto injury providers. Specifically, the
26 department shall comply with all of the following requirements:

27 (a) The department shall develop application and review
28 processes. These processes must include criteria established under
29 this section. The department may utilize data previously submitted



1 during the utilization review process under the utilization review
2 rules, R 500.61 to R 500.69 of the Michigan Administrative Code, to
3 satisfy data requirements in an application.

4 (b) The department shall develop a process to retrieve any
5 distributed money that is later determined to have been distributed
6 as a result of fraudulent conditions or as a result of fraudulent
7 information. Any fraudulent activity related to the fund
8 constitutes fraud for purposes of the insurance code of 1956, 1956
9 PA 218, MCL 500.100 to 500.8302. Any funds retrieved under this
10 subdivision may be dispersed according to this section, even if the
11 fund was previously exhausted.

12 (c) The department shall begin accepting applications for
13 distributions from the fund not later than 30 days after the
14 effective date of the appropriation in part 1 described in
15 subsection (2).

16 (d) The department shall review all applications and issue a
17 determination not later than 30 days after the receipt of a
18 completed application. A provider that submits an incomplete
19 application is subject to a new 30-day application period after the
20 completed application is received. If the department determines a
21 distribution from the fund is appropriate, that distribution shall
22 be made to the provider within 14 days of the determination.

23 (e) The department shall report to the legislature 15 days
24 before the application process opens. This report must include a
25 sample application and any corresponding guidance or rules
26 promulgated by the department.

27 (f) The department shall consider how charges in an
28 application relate to similar care charged to other forms of
29 insurance, including, but not limited to, Medicaid, workers'



1 compensation, and private health insurance. The department may
2 contract with a third party to access and use available non-motor-
3 vehicle-accident-related health care and insurance data for the
4 purpose of reviewing applications.

5 (g) The department shall use data collected, developed, and
6 compiled as a result of the utilization review and fee schedule
7 rules promulgated by the department, in accordance with sections
8 3157 and 3157a of the insurance code of 1956, 1956 PA 218, MCL
9 500.3157 and 500.3157a.

10 (h) The department shall not consider lost profits alone as a
11 criterion for awarding money to a provider from the fund. The
12 provider must demonstrate that the provider is experiencing a
13 systematic deficit.

14 (i) Notwithstanding any provision of law to the contrary, the
15 department shall document and make available on a publicly
16 accessible website all information related to approval or denial of
17 distributions of money to providers from the fund.

18 (j) The department shall award money from the fund to
19 providers on a first-come, first-served basis. No money may be paid
20 from the fund after the fund is exhausted.

21 (8) The department shall provide a quarterly report to the
22 legislature, and shall make the report available on a publicly
23 accessible website, that includes all of the following:

24 (a) The number of providers that have applied for funding from
25 the fund.

26 (b) A list of the providers that have been approved for
27 funding and the amounts awarded.

28 (c) A list of providers that have been denied funding and the
29 reason for each denial.



1 (d) For each provider approved for a funding distribution,
 2 metrics on all charges and payments received in response to those
 3 charges under section 3157 of the insurance code of 1956, 1956 PA
 4 218, MCL 500.3157, that were determined to be inadequate.

5 (e) Information on provider charges and payments received in
 6 response to those charges and how those charges compare to similar
 7 charges in the non-auto insurance market.

8 (f) The total amount expended and remaining in the fund.

9 (9) One year after the department begins accepting
 10 applications for distributions from the fund or after money in the
 11 fund is exhausted, whichever occurs first, the department shall
 12 report to the legislature, and make the report available on a
 13 publicly accessible website, all of the following:

14 (a) Aggregated data reported in the quarterly reports under
 15 subsection (8).

16 (b) Analysis of the impact of section 3157 of the insurance
 17 code of 1956, 1956 PA 218, MCL 500.3157, and of the distributions
 18 from the fund and any recommendations the director may wish to
 19 offer to the legislature.

20 (10) It is the intent of the legislature that information
 21 contained in the reports required under subsections (8) and (9)
 22 will be used to determine whether changes are necessary to section
 23 3157 of the insurance code of 1956, 1956 PA 218, MCL 500.3157, to
 24 ensure adequate services in the future.

25 (11) A provider that avails itself of the fund and to which
 26 funds are distributed does so as their exclusive remedy and forgoes
 27 all other forms of recovery for the charges for which reimbursement
 28 is sought under this section. Any payment under this section is
 29 inadmissible for any purposes outside of claims made with the



1 department.

2 (12) Funds appropriated in part 1 for the fund must be used to
3 support distributions to providers facing systematic losses with
4 respect to services offered to persons injured in motor vehicle
5 accidents. The unexpended funds appropriated in part 1 for the fund
6 are designated as work project appropriations and any unencumbered
7 or unallotted funds shall not lapse at the end of the fiscal year
8 and are available for expenditures for projects under this
9 subsection until the projects have been completed. The following is
10 in compliance with section 451a(1) of the management and budget
11 act, 1984 PA 431, MCL 18.1451a:

12 (a) The purpose of the project is to support distributions to
13 providers experiencing systematic losses with respect to services
14 offered to persons injured in motor vehicle accidents.

15 (b) The project will be accomplished by using state employees
16 or contracts with service providers, or both.

17 (c) The total estimated cost of the project is \$10,000,000.00.

18 (d) The completion date of the work project is September 30,
19 2022. Any unexpended funds will lapse to the general fund.

20 (13) As used in this section:

21 (a) "Department" means the department of insurance and
22 financial services.

23 (b) "Fund" means the post-acute auto injury provider relief
24 fund created in this section.

25 (c) "Patient" means an injured person who is entitled to
26 benefits under section 3107 of the insurance code of 1956, 1956 PA
27 218, MCL 500.3107.

28 (d) "Provider" means a post-acute brain or spinal injury
29 facility or an attendant care provider.

