

SECOND REGULAR SESSION

SENATE BILL NO. 761

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WALLINGFORD.

Read 1st time January 22, 2014, and ordered printed.

TERRY L. SPIELER, Secretary.

5567S.011

AN ACT

To repeal sections 376.1363 and 376.1367, RSMo, and to enact in lieu thereof two new sections relating to health insurance benefit determinations for serious and urgent conditions.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 376.1363 and 376.1367, RSMo, are repealed and two
2 new sections enacted in lieu thereof, to be known as sections 376.1363 and
3 376.1367, to read as follows:

376.1363. 1. A health carrier shall maintain written procedures for
2 making utilization review decisions and for notifying enrollees and providers
3 acting on behalf of enrollees of its decisions. For purposes of this section,
4 "enrollee" includes the representative of an enrollee.

5 2. For initial determinations, a health carrier shall make the
6 determination within [two working days] **twenty-four hours** of obtaining all
7 necessary information regarding a proposed admission, procedure or service
8 requiring a review determination. For purposes of this section, "necessary
9 information" includes the results of any face-to-face clinical evaluation or second
10 opinion that may be required:

11 (1) In the case of a determination to certify an admission, procedure or
12 service, the carrier shall notify the provider rendering the service by telephone
13 or electronically within twenty-four hours of making the initial certification, and
14 provide written or electronic confirmation of a telephone or electronic notification
15 to the enrollee and the provider within two working days of making the initial
16 certification;

17 (2) In the case of an adverse determination, the carrier shall notify the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 provider rendering the service by telephone or electronically within twenty-four
19 hours of making the adverse determination; and shall provide written or
20 electronic confirmation of a telephone or electronic notification to the enrollee and
21 the provider within one working day of making the adverse determination.

22 3. For concurrent review determinations, a health carrier shall make the
23 determination within one working day of obtaining all necessary information:

24 (1) In the case of a determination to certify an extended stay or additional
25 services, the carrier shall notify by telephone or electronically the provider
26 rendering the service within one working day of making the certification, and
27 provide written or electronic confirmation to the enrollee and the provider within
28 one working day after telephone or electronic notification. The written
29 notification shall include the number of extended days or next review date, the
30 new total number of days or services approved, and the date of admission or
31 initiation of services;

32 (2) In the case of an adverse determination, the carrier shall notify by
33 telephone or electronically the provider rendering the service within twenty-four
34 hours of making the adverse determination, and provide written or electronic
35 notification to the enrollee and the provider within one working day of a
36 telephone or electronic notification. The service shall be continued without
37 liability to the enrollee until the enrollee has been notified of the determination.

38 4. For retrospective review determinations, a health carrier shall make
39 the determination within thirty working days of receiving all necessary
40 information. A carrier shall provide notice in writing of the carrier's
41 determination to an enrollee within ten working days of making the
42 determination.

43 5. A written notification of an adverse determination shall include the
44 principal reason or reasons for the determination, the instructions for initiating
45 an appeal or reconsideration of the determination, and the instructions for
46 requesting a written statement of the clinical rationale, including the clinical
47 review criteria used to make the determination. A health carrier shall provide
48 the clinical rationale in writing for an adverse determination, including the
49 clinical review criteria used to make that determination, to any party who
50 received notice of the adverse determination and who requests such information.

51 6. A health carrier shall have written procedures to address the failure
52 or inability of a provider or an enrollee to provide all necessary information for
53 review. In cases where the provider or an enrollee will not release necessary

54 information, the health carrier may deny certification of an admission, procedure
55 or service.

376.1367. When conducting utilization review or making a benefit
2 determination for emergency services **or health care services involving**
3 **serious and urgent conditions:**

4 (1) A health carrier shall cover emergency services necessary to screen
5 and stabilize an enrollee and shall not require prior authorization of such
6 services;

7 (2) **A health carrier shall cover services for a serious and urgent**
8 **condition, as defined in this section, and shall not require prior**
9 **authorization of such services. For purposes of this section, "serious**
10 **and urgent condition" means a patient's condition or diagnostic**
11 **information which would lead a reasonably prudent licensed health**
12 **care provider to determine that:**

13 (a) **The patient has inadequately controlled undiagnosed pain;**
14 **or**

15 (b) **A delay in diagnosis may cause disease progression,**
16 **impairment to a bodily function, or serious dysfunction of any bodily**
17 **organ or part; or**

18 (c) **A delay in providing diagnostic testing will result in the**
19 **patient's health being at serious risk or jeopardy of harm;**

20 (3) Coverage of emergency services shall be subject to applicable
21 co-payments, coinsurance and deductibles;

22 [(3)] (4) When an enrollee receives an emergency service **or services for**
23 **a serious and urgent condition** that requires immediate post evaluation or
24 post stabilization services, a health carrier shall provide an authorization decision
25 within sixty minutes of receiving a request; if the authorization decision is not
26 made within thirty minutes, such services shall be deemed approved.

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