

FIRST REGULAR SESSION

HOUSE BILL NO. 1045

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STINNETT.

2346H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto five new sections relating to prior authorization of health care services.

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

Section A. Chapter 376, RSMo, is amended by adding thereto five new sections, to be known as sections 376.2100, 376.2102, 376.2104, 376.2106, and 376.2108, to read as follows:

376.2100. 1. Except as otherwise provided in subsection 1 of section 376.2108, as used in sections 376.2100 to 376.2108, terms shall have the same meanings as are ascribed to them under section 376.1350.

2. As used in sections 376.2100 to 376.2108, the term "evaluation period" shall mean the first six months of the calendar year or the last six months of the calendar year.

376.2102. 1. A health carrier or utilization review entity shall not require a health care provider to obtain prior authorization for a health care service unless an individual licensed to practice medicine in this state makes a determination that in the most recent evaluation period the health carrier or utilization review entity has approved or would have approved less than ninety percent of the prior authorization requests submitted by that provider for that health care service.

2. A health carrier or utilization review entity shall not require a health care provider to obtain prior authorization for any health care services unless an individual licensed to practice medicine in this state makes a determination that in the most recent evaluation period the health carrier or utilization review entity has approved or would

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

11 have approved less than ninety percent of all prior authorization requests submitted by
12 that provider for health care services.

13 3. In making a determination under this section, the individual licensed to
14 practice medicine in this state shall not count any prior authorization requests denied by
15 a health carrier or utilization review entity and being appealed by the health care
16 provider, but shall count as approved any prior authorization request that was denied
17 by a health carrier or utilization review entity but that was subsequently authorized.

18 4. If the provider is a physician licensed under chapter 334, any determination
19 under this section shall be made by a physician licensed under chapter 334 who has the
20 same or similar specialty as the provider.

376.2104. 1. The health carrier or utilization review entity shall notify the health
2 care provider no later than twenty-five days after the conclusion of the relevant
3 evaluation period of any determination made under section 376.2102. The notification
4 shall include the statistics, data, and any supporting documentation for making the
5 determination for the relevant evaluation period.

6 2. The health carrier or utilization review entity shall maintain an online portal
7 to allow health care providers to access all prior authorization decisions, including
8 determinations made under section 376.2102. For health care providers subject to prior
9 authorizations, the portal shall include the status of each prior authorization request, all
10 notifications to the health care provider, the dates the health care provider received such
11 notifications, and any other information relevant to the determination.

12 3. If the notification is of a determination made under subsection 1 of section
13 376.2102, a health carrier or utilization review entity may require prior authorization
14 for the health care service, beginning fifteen business days after the provider receives
15 notification of the determination until the end of the evaluation period.

16 4. Except as otherwise provided in subsection 1 of section 376.2102, if the
17 notification is of a determination made under subsection 2 of section 376.2102, a health
18 carrier or utilization review entity may require prior authorization for all health care
19 services, beginning fifteen business days after the provider receives notification until the
20 end of the evaluation period.

21 5. Failure to notify the health care provider of a determination made under
22 subsection 1 of section 376.2102 shall constitute prior authorization for that health care
23 service.

24 6. Failure to notify the health care provider of a determination made under
25 subsection 2 of section 376.2102 shall constitute prior authorization for all health care
26 services.

2 **376.2106. No health carrier or utilization review entity shall deny or reduce**
3 **payment to a provider for a health care service for which the provider has a prior**
4 **authorization unless the provider:**

5 **(1) Knowingly and materially misrepresented the health care service in a request**
6 **for payment submitted to the health carrier or utilization review entity with the specific**
7 **intent to deceive and obtain an unlawful payment from the carrier or entity; or**

8 **(2) Failed to substantially perform the health care service.**

9 **376.2108. 1. The provisions of sections 376.2100 to 376.2108 shall not apply to**
10 **MO HealthNet, except that a Medicaid managed care organization as defined in section**
11 **208.431 shall be considered a health carrier for purposes of sections 376.2100 to**
12 **376.2108.**

1 **2. The provisions of sections 376.2100 to 376.2108 shall not apply to health care**
2 **providers who have not participated in a health benefit plan offered by the carrier for at**
3 **least one full evaluation period.**

4 **3. Nothing in sections 376.2100 to 376.2108 shall be construed to:**

5 **(1) Authorize a provider to provide a health care service outside the scope of his**
6 **or her applicable license; or**

7 **(2) Require a health carrier or utilization review entity to pay for a health care**
8 **service described in subdivision (1) of this subsection.**

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