

SENATE BILL NO. 576

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

2277S.01H

KRISTINA MARTIN, Secretary

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
2 five new sections, to be known as sections 376.2100, 376.2102,
3 376.2104, 376.2106, and 376.2108, to read as follows:

376.2100. 1. Except as otherwise provided in
2 subsection 1 of section 376.2108, as used in sections
3 376.2100 to 376.2108, terms shall have the same meanings as
4 are ascribed to them under section 376.1350.

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

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

10 2. A health carrier or utilization review entity shall
11 not require a health care provider to obtain prior

12 authorization for all health care services unless an
13 individual licensed to practice medicine in this state makes
14 a determination that in the most recent evaluation period
15 the health carrier or utilization review entity has approved
16 or would have approved less than ninety percent of all prior
17 authorization requests submitted by that provider for health
18 care services.

19 3. In making a determination under this section, the
20 individual licensed to practice medicine in this state shall
21 not count any prior authorization requests denied by a
22 health carrier or utilization review entity and being
23 appealed by the health care provider, but shall count as
24 approved any prior authorization request that was denied by
25 a health carrier or utilization review entity but that was
26 subsequently authorized.

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

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

8 2. The health carrier or utilization review entity
9 shall maintain an online portal to allow health care
10 providers to access all prior authorization decisions,
11 including determinations made under section 376.2102. For
12 health care providers subject to prior authorizations, the
13 portal shall include the status of each prior authorization

14 request, all notifications to the health care provider, the
15 dates the health care provider received such notifications,
16 and any other information relevant to the determination.

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

23 4. Except as otherwise provided in subsection 1 of
24 section 376.2102, if the notification is of a determination
25 made under subsection 2 of section 376.2102, a health
26 carrier or utilization review entity may require prior
27 authorization for all health care services, beginning
28 fifteen business days after the provider receives
29 notification until the end of the evaluation period.

30 5. Failure to notify the health care provider of a
31 determination made under subsection 1 of section 376.2102
32 shall constitute prior authorization for that health care
33 service.

34 6. Failure to notify the health care provider of a
35 determination made under subsection 2 of section 376.2102
36 shall constitute prior authorization for all health care
37 services.

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

5 (1) Knowingly and materially misrepresented the health
6 care service in a request for payment submitted to the
7 health carrier or utilization review entity with the

8 specific intent to deceive and obtain an unlawful payment
9 from the carrier or entity; or

10 (2) Failed to substantially perform the health care
11 service.

376.2108. 1. The provisions of sections 376.2100 to
2 376.2108 shall not apply to MO HealthNet, except that a
3 Medicaid managed care organization as defined in section
4 208.431 shall be considered a health carrier for purposes of
5 sections 376.2100 to 376.2108.

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

10 3. Nothing in sections 376.2100 to 376.2108 shall be
11 construed to:

12 (1) Authorize a provider to provide a health care
13 service outside the scope of his or her applicable license;
14 or

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

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