HB 1799 -- HEALTH INSURANCE BENEFIT DETERMINATIONS

SPONSOR: Jones (50)

This bill changes the laws regarding health insurance benefit determinations. Currently, a health carrier is required to make an initial determination within two working days of obtaining all necessary information regarding a proposed admission, procedure, or service requiring a review determination. The bill changes the time period to within 24 hours of obtaining the information.

When conducting utilization review or making a benefit determination for emergency services or health care services involving serious and urgent conditions, the bill requires the health carrier to:

(1) Cover emergency services necessary to screen and stabilize the enrollee and cannot require prior authorization of the services; and

(2) Cover services for a serious and urgent condition.

A "serious and urgent condition" means a patient's condition or diagnostic information that would lead a reasonably prudent licensed health care professional to determine that:

(1) The patient has inadequately controlled undiagnosed pain;

(2) A delay in diagnosis may cause disease progression, impairment to a bodily function, or serious dysfunction of any body organ or part; or

(3) A delay in providing diagnostic testing will result in serious risk or jeopardy of harm to the patient's health.

Coverage of serious and urgent conditions must be subject to applicable co-payments, coinsurance, and deductibles. When an enrollee receives services for a serious and urgent condition requiring immediate post evaluation or stabilization services, the health carrier must provide an authorization decision within 60 minutes of receipt of the request. If the health carrier fails to provide an authorization decision within 30 minutes, the services must be deemed approved.