

HOUSE REPUBLICAN STAFF ANALYSIS

Bill:	House File 2399	House Committee:	PASSED February 14 (14-9)
Committee:	Commerce	House Floor:	PASSED February 24 (97-0)
Floor Manager:	Rep. Andrews	Senate Floor:	PASSED April 6 (47-0)
Date:	FINAL	Governor:	SIGNED May 2, 2022
Staff:	Ben Gentz (1-3452)		

Prior Authorization – Health Care Services

- A prior authorization cannot be revoked after care is given
- Authorization for a specific service must be valid for at least 90 days from issuance

Section by Section Analysis

Section 1 – Preauthorization – reimbursement (514F.8)

New code section-

Defines the following terms:

- Covered person
- Health benefit plan
- Health care provider
- Health carrier
- Utilization review
- Facility
- Health care professional
- Health care services
- Prior authorization
- Utilization review organization

A utilization review organization cannot revoke, limit, or restrict a prior authorization after the date the care has been provided based on a prior authorization

Prohibitions on revoking a prior authorization after care is given or changing reimbursement rate do not apply in the following circumstances:

- Health care provider or covered person commits fraud, waste, or abuse
- Health care provider or covered person provides inaccurate information for the utilization review
- On date service was provided, it was not covered under the covered person's health benefit plan
- On date service was provided, the provider was not contracted with the carrier providing the health benefit plan
- Provider failed to meet timely filing of claim requirements
- Health carrier does not have liability due to coordination of benefits
- On the date service was provided, the covered person is no longer participating in the plan that gave prior authorization

Health carrier must reimburse at the agreed rate based on the prior authorization

A prior authorization for a specific service shall be valid for at least 90 days from the date the authorization is received

IID may adopt rules to implement

Section 2 – Applicability

Applies to health benefit plans delivered, issued, continued, or renewed on or after January 1, 2023
