

Subject Prior authorizations; managed care contracts under MA

Authors Nadeau

Analyst Elisabeth Klarqvist
Annie Mach

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Overview

This bill modifies provisions governing prior authorizations for health care services. It also includes requirements for managed care organizations (MCOs) that contract with the Department of Human Services (DHS) to cover medical assistance (MA) and MinnesotaCare enrollees.

Summary

Section	Description
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| 1 | <p>Service for which prior authorization not required.</p> <p>Amends § 62A.59, subd. 1. Allows a health plan to deny or limit coverage of a health care service for which prior authorization is not required after the health care service is provided, if the denial or limitation is based on the health plan's medical policy, contractual limits, or exclusions. Modifies a term used in this subdivision, from health carrier to health plan.</p> <p>Effective date: January 1, 2027, and applicable to health plans offered, sold, issued, or renewed on or after that date.</p> |
| 2 | <p>Service for which prior authorization required but not obtained.</p> <p>Amends § 62A.59, subd. 2. Modifies a term used in this subdivision, from health carrier to health plan.</p> <p>Effective date: January 1, 2027, and applicable to health plans offered, sold, issued, or renewed on or after that date.</p> |
| 3 | <p>Prior authorization of certain services prohibited.</p> <p>Amends § 62M.07, subd. 2. In a subdivision listing services for which prior authorization cannot be conducted or required, specifies this subdivision does not prohibit a utilization review organization, health plan company, or claims administrator from conducting or requiring prior authorization for a service if the</p> |

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number, duration, scope, or other factor exceeds the standard of treatment. Also strikes obsolete language.

Effective date: January 1, 2027, and applicable to health plans offered, sold, issued, or renewed on or after that date.

4 Treatment of chronic condition.

Amends § 62M.07, subd. 5. Under current law, an authorization for treatment of a chronic health condition does not expire unless the standard of treatment for the health condition changes. This section specifies the treatment must be ongoing treatment and that the authorization must not expire before the end of the current standard of treatment time frame, and allows an authorization to expire if the enrollee's condition no longer meets the definition of chronic health condition or if the enrollee's health condition changes so that the authorized treatment no longer meets the standard of care. Allows a utilization review organization, health plan company, or claims administrator to require an enrollee to document that the enrollee's health condition is a chronic health condition, and strikes obsolete language.

Effective date: January 1, 2027, and applicable to health plans offered, sold, issued, or renewed on or after that date.

5 Identification of conflicting services.

Adds subd. 6 to § 62M.07. Allows a utilization review organization, health plan company, or claims administrator to require prior authorization for services identified as conflicting services, and describes services that are conflicting services.

Effective date: January 1, 2027, and applicable to health plans offered, sold, issued, or renewed on or after that date.

6 Data sharing for program integrity.

Adds subd. 10a to § 256B.69. Directs the commissioner of human services to share summary data from a written report concerning fraud received from a managed care plan contracted under MA with other managed care plans contracted under MA.

7 Networks.

Amends § 256B.69, subd. 37. Provides that an MCO contracted under MA or MinnesotaCare is not required to include any providers in its network before approving the provider's credentials in accordance with the credentialing process that is set out in state statutes. Makes this section effective January 1, 2027.

Section	Description
8	<p data-bbox="316 262 1427 294">Special contract requirements related to payment.</p> <p data-bbox="316 304 1427 420">Amends § 256B.6928, subd. 4. Requires that contracts between DHS and MCOs for MA and MinnesotaCare include risk corridors that are symmetrical, two-sided, and uniform for all MCOs. Makes this section effective January 1, 2027.</p>



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