

HOUSE RESEARCH

Bill Summary

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Overview

This bill modifies provisions governing utilization review, the process health plan companies use to determine whether health care treatments or procedures are medically necessary or appropriate. It requires physicians reviewing utilization review determinations to be licensed in Minnesota, requires physician consultants to be board-certified, requires certain annual reports by utilization review organizations, and requires the disclosure of criteria used to perform utilization reviews.

Section

- 1 **Physician reviewer involvement.** Amends § 62M.09, subd. 3. Requires physicians who review utilization review cases in which a determination has been made not to certify, to be licensed in Minnesota and currently practicing in the same specialty as the physician who ordered the care being reviewed.
- 2 **Physician consultants.** Amends § 62M.09, subd. 6. Requires physician consultants who participate in the utilization review appeals process to be board-certified by the American Board of Medical Specialists or the American Board of Osteopathy. (Current law requires such physicians to include physicians who are board-certified, as needed and available, or board eligible and working toward certification.)
- 3 **Annual report.** Adds subd. 9 to § 62M.09. Requires utilization review organizations to annually report to the commissioner of commerce on the number and rate of denied claims for each procedure or service and the number and rate of denials overturned on appeal.
- 4 **Availability of criteria.** Amends § 62M.10, subd. 7. Requires a utilization review organization to provide, upon request, an attending physician and the commissioner of commerce with the criteria used to determine medical necessity, appropriateness, and efficacy of a procedure or service. (Current law requires this information to be provided to enrollees and providers.)
- 5 **Practice of medicine defined.** Amends § 147.081. Amends a subdivision defining the practice of medicine for purposes of the medical practice act, to include making a medical necessity

determination for a covered service.