

HOUSE RESEARCH

Bill Summary

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Overview

This bill modifies state health care program provisions related to notification of appeal determinations, the dedication of federal administrative reimbursement, the provision of information on enrollee eligibility review dates, and prior authorization for health care services.

Section

- 1 Appeals review process.** Amends § 62J.495, subd. 15. Removes the requirement that the commissioner use first class mail when notifying providers of appeal determinations under the Minnesota electronic health records incentives program.
- 2 Federal administrative reimbursement dedicated.** Amends § 256.01, subd. 34. Appropriates federal administrative reimbursement resulting from reviews of medical necessity to the commissioner of human services for those purposes.
- 3 Eligibility review dates.** Amends § 256.962, subd. 8. Requires the commissioner to develop and implement a process to provide eligibility “review” dates upon request to managed care and county-based purchasing plans. Current law refers to eligibility “end” dates.
- 4 Physical therapy.** Amends § 256B.0625, subd. 8. Removes the requirement that authorization from the commissioner be obtained before medically necessary physical therapy services can be provided.
- 5 Occupational therapy.** Amends § 256B.0625, subd. 8a. Removes the requirement that authorization from the commissioner be obtained before medically necessary occupational therapy services can be provided.

Section

- 6** **Speech-language pathology and audiology services.** Amends § 256B.0625, subd. 8b. Removes the requirement that authorization from the commissioner be obtained before medically necessary speech-language pathology services can be provided.
- 7** **Prior authorization required.** Amends § 256B.0625, subd. 25. Requires the commissioner to publish in the health care programs provider manual and on the DHS Web site the criteria and standards used to determine whether certain providers must obtain prior authorization for their services. Exempts the list of services requiring prior authorization and the criteria and standards used to formulate the list of services or the selection of providers for whom prior authorization is required from the state laws governing rulemaking. Provides that the commissioner's decision on whether prior authorization is required for a provider is not subject to administrative appeal.