INTRODUCED H.B. 2018R1942

# **WEST VIRGINIA LEGISLATURE**

## **2018 REGULAR SESSION**

## Introduced

## House Bill 4239

FISCAL NOTE

By Delegates Rohrbach, Ellington, Sobonya,

Queen, Summers, White, Criss and Hollen

[Introduced January 22, 2018; Referred

to the Committee on Banking and Insurance then the

Judiciary.]

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1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,

designated §33-4-22, relating to regulating prior authorizations.

Be it enacted by the Legislature of West Virginia:

### **ARTICLE 4. GENERAL PROVISIONS.**

#### §33-4-22. Prior authorization.

(a) "Urgent care services" means a medical care or other service for a condition where
 application of the timeframe for making routine or nonlife threatening care determinations is either
 of the following:

(1) Could seriously jeopardize the life, health, or safety of the patient or others due to the patient's psychological state; or

(2) In the opinion of a practitioner with knowledge of the patient's medical or behavioral condition, would subject the patient to adverse health consequences without the care or treatment that is the subject of the request.

(b) The Governor shall appoint a person who is knowledgeable in the creation of insurance forms to lead a collaborative effort of the Public Employees Insurance Agency, managed care organizations and private commercial insurers to develop universal prior authorization forms accessible through either a computer program, email, app, or secure electronic transmission. The appointee is responsible for the organization of the participants and the creation of the forms approved by the participants. The forms shall include instructions for the universal submission of clinical documentation, and provide an electronic notification confirming receipt of the prior authorization request. The forms shall be prepared by October 1, 2018. The group may develop no more than 8 forms differentiated by the type of service being requested.

(c) Public Employees Insurance Agency, managed care organizations and private commercial insurers, shall accept electronic prior authorization requests and respond to the request through electronic means by July 1, 2019.

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21 (d) If the health care practitioner submits the request for prior authorization electronically, 22 the insurer or plan shall respond to the prior authorization request within 24 hours calendar day 23 for urgent care services, or 168 hours for any prior approval request that is not for an urgent care service, from the time on the electronic receipt of the prior authorization request. 24 25 (e) If information submitted is considered incomplete, the health care practitioner shall provide the additional information requested within 72 hours from the time the request is received 26 27 by the practitioner or the prior authorization is deemed denied and a new request must be 28 submitted. 29 (f) The Public Employees Insurance Agency, managed care organizations and private 30 commercial insurers shall make available on their websites information about the policies, 31 contracts, or agreements offered that clearly identifies specific services, drugs, or devices to 32 which a prior authorization requirement exists. 33 (g) A prior authorization approved by a managed care organization is carried over to all 34 other managed care organizations for three months, if the services are provided within the state. 35 (h) The Public Employees Insurance Agency, managed care organizations and private 36 commercial insurers shall use the Milliman standard to evaluate a prior authorization. 37 (i) Any provision of a contractual arrangement entered into between an insurer or plan and 38 a health care practitioner or beneficiary that is contrary to this section is unenforceable. 39 (j) This section is not applicable to submission of a prior authorization request through 40 telephone, mail, or fax.

NOTE: The purpose of this bill is to establish universal forms and establish deadlines when a prior authorization is submitted electronically.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.