MISSISSIPPI LEGISLATURE

By: White (5th)

To: Insurance

SENATE BILL NO. 2160

AN ACT TO AMEND SECTION 41-83-31, MISSISSIPPI CODE OF 1972, 1 TO PROVIDE THAT ENROLLEES AND PROVIDERS OF HEALTH CARE SERVICES 2 MAY APPEAL ADVERSE DECISIONS BY UTILIZATION REVIEW ENTITIES TO THE 3 4 MISSISSIPPI DEPARTMENT OF INSURANCE, AND THAT IN THE EVENT SUCH ADVERSE DECISION IS OVERRULED ON APPEAL, THE THIRD-PARTY 5 REIMBURSEMENT SHALL INCLUDE THE FULL COST OF THE SERVICE INCLUDING 6 ANY DEDUCTIBLE AMOUNT PAID OR OWED BY THE ENROLLEE; AND FOR 7 RELATED PURPOSES. 8

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:
 10 SECTION 1. Section 41-83-31, Mississippi Code of 1972, is
 11 amended as follows: [JU1]

12 [Until December 31, 2000, this section shall read as

13 follows:]

14 41-83-31. Any program of utilization review with regard to 15 hospital, medical or other health care services provided in this 16 state shall comply with the following:

17 (a) No determination adverse to a patient or to any affected health care provider shall be made on any question 18 relating to the necessity or justification for any form of 19 hospital, medical or other health care services without an 20 independent prior evaluation and concurrence in the adverse 21 determination by a physician licensed to practice in Mississippi. 22 23 The physician who made the adverse determination shall discuss 24 the reasons for any adverse determination with the affected health

S. B. No. 2160 00\SS03\R158 PAGE 1 care provider, if the provider so requests. The physician shall comply with this request within fourteen (14) calendar days of being notified of a request. Adverse determination by a physician shall not be grounds for any disciplinary action against the physician by the State Board of Medical Licensure.

30 (b) Any determination regarding hospital, medical or other health care services rendered or to be rendered to a patient 31 which may result in a denial of third-party reimbursement or a 32 denial of precertification for that service shall include the 33 evaluation, findings and concurrence of a physician trained in the 34 relevant specialty or subspecialty, if requested by the patient's 35 physician, to make a final determination that care rendered or to 36 37 be rendered was, is, or may be medically inappropriate. Enrollees and providers shall have the right to protest decisions denying 38 39 third-party reimbursement or precertification of a service, and to 40 appeal this adverse decision to the Mississippi Department of Insurance in a manner acceptable to the department. In the event 41 a decision denying third-party reimbursement or precertification 42 is overruled on appeal, the third-party payor shall reimburse the 43 full cost of the service, including any deductible amount. In the 44 event the medical or health care service was performed pending 45 appeal by the enrollee or the provider, the enrollee and the 46 47 provider shall be reimbursed jointly for the full cost of the service including any deductible amount. The Mississippi 48 Department of Insurance shall annually report to the Legislature 49 the number of complaints received by enrollees, the nature of each 50 complaint and the manner in which each complaint was resolved. 51 The requirement in this section that the physician 52 (C) who makes the evaluation and concurrence in the adverse 53 54 determination must be licensed to practice in Mississippi shall

55 not apply to the Comprehensive Health Insurance Risk Pool

S. B. No. 2160 00\SS03\R158 PAGE 2 56 Association or its policyholders and shall not apply to any 57 utilization review company which reviews fewer than ten (10) 58 persons residing in the State of Mississippi.

59 [From and after January 1, 2001, this section shall read as 60 follows:]

41-83-31. Any program of utilization review with regard to
hospital, medical or other health care services provided in this
state shall comply with the following:

No determination adverse to a patient or to any 64 (a) 65 affected health care provider shall be made on any question relating to the necessity or justification for any form of 66 67 hospital, medical or other health care services without an independent prior evaluation and concurrence in the adverse 68 69 determination by a physician. The reasons for any adverse determination shall be discussed by said physician with the 70 affected health care provider, if the provider so requests. 71

72 (b) Any determination regarding hospital, medical or 73 other health care services rendered or to be rendered to a patient which may result in a denial of third-party reimbursement or a 74 denial of precertification for that service shall include the 75 evaluation, findings and concurrence of a physician trained in the 76 relevant specialty or subspecialty, if requested by the patient's 77 physician, to make a final determination that care rendered or to 78 79 be rendered was, is, or may be medically inappropriate. Enrollees 80 and providers shall have the right to protest decisions denying 81 third-party reimbursement or precertification of a service, and to appeal this adverse decision to the Mississippi Department of 82 83 Insurance in a manner acceptable to the department. In the event

S. B. No. 2160 00\SS03\R158 PAGE 3 84 a decision denying third-party reimbursement or precertification 85 is overruled on appeal, the third-party payor shall reimburse the full cost of the service, including any deductible amount. In the 86 87 event the medical or health care service was performed pending appeal by the enrollee or the provider, the enrollee and the 88 provider shall be reimbursed jointly for the full cost of the 89 service including any deductible amount. The Mississippi 90 Department of Insurance shall annually report to the Legislature 91 the number of complaints received by enrollees, the nature of each 92 93 complaint and the manner in which each complaint was resolved. SECTION 2. This act shall take effect and be in force from 94 95 and after July 1, 2000.