

By: Senator(s) White (5th)

To: Insurance

SENATE BILL NO. 2370

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

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:

12 41-83-31. Any program of utilization review with regard to
 13 hospital, medical or other health care services provided in this
 14 state shall comply with the following:

15 (a) No determination adverse to a patient or to any
 16 affected health care provider shall be made on any question
 17 relating to the necessity or justification for any form of
 18 hospital, medical or other health care services without an
 19 independent prior evaluation and concurrence in the adverse
 20 determination by a physician licensed to practice in Mississippi.
 21 The physician who made the adverse determination shall discuss the
 22 reasons for any adverse determination with the affected health
 23 care provider, if the provider so requests. The physician shall
 24 comply with this request within fourteen (14) calendar days of
 25 being notified of a request. Adverse determination by a physician
 26 shall not be grounds for any disciplinary action against the
 27 physician by the State Board of Medical Licensure.

28 (b) Any determination regarding hospital, medical or
 29 other health care services rendered or to be rendered to a patient
 30 which may result in a denial of third-party reimbursement or a



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

50 (c) The requirement in this section that the physician
51 who makes the evaluation and concurrence in the adverse
52 determination must be licensed to practice in Mississippi shall
53 not apply to the Comprehensive Health Insurance Risk Pool
54 Association or its policyholders and shall not apply to any
55 utilization review company which reviews fewer than ten (10)
56 persons residing in the State of Mississippi.

57 SECTION 2. This act shall take effect and be in force from
58 and after July 1, 2001.

