

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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SENATE BILL 345

Short Title: URO Reviews by NC Physicians.

(Public)

Sponsors: Senators Forrester, Purcell; and Carpenter.

Referred to: Health Care.

March 15, 1999

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE THAT RECONSIDERATION AND APPEAL OF
2 UTILIZATION REVIEW NONCERTIFICATION BE EVALUATED BY
3 MEDICAL DOCTORS LICENSED TO PRACTICE IN THIS STATE.

4 The General Assembly of North Carolina enacts:

5 Section 1. G.S. 58-50-61(d) reads as rewritten:

6 "(d) Program Operations. – In every utilization review program, an insurer or URO
7 shall use documented clinical review criteria that are based on sound clinical evidence
8 and that are periodically evaluated to assure ongoing efficacy. An insurer may develop its
9 own clinical review criteria or purchase or license clinical review criteria. Qualified
10 health care professionals shall administer the utilization review program and oversee
11 review decisions under the direction of a medical doctor. A medical doctor licensed to
12 practice medicine in this State shall evaluate the clinical appropriateness of
13 noncertifications. Compensation to persons involved in utilization review shall not
14 contain any direct or indirect incentives for them to make any particular review decisions.
15 Compensation to utilization reviewers shall not be directly or indirectly based on the
16 number or type of noncertifications they render. In issuing a utilization review decision,
17 an insurer shall: obtain all information required to make the decision, including pertinent
18 clinical information; employ a process to ensure that utilization reviewers apply clinical
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1 review criteria consistently; and issue the decision in a timely manner pursuant to this
2 section."

3 Section 2. G.S. 58-50-61(i) reads as rewritten:

4 "(i) Requests for Reconsideration. – An insurer may establish procedures for
5 informal reconsideration of noncertifications. The reconsideration shall be conducted
6 between the covered person's provider and a medical doctor licensed to practice medicine
7 in this State designated by the insurer. An insurer shall not require a covered person to
8 participate in an informal reconsideration before the covered person may appeal a
9 noncertification under subsection (j) of this section."

10 Section 3. G.S. 58-50-61(j) reads as rewritten:

11 "(j) Appeals of Noncertifications. – Every insurer shall have written procedures for
12 appeals of noncertifications by covered persons or their providers acting on their
13 behalves, including expedited review to address a situation where the time frames for the
14 standard review procedures set forth in this section would reasonably appear to seriously
15 jeopardize the life or health of a covered person or jeopardize the covered person's ability
16 to regain maximum function. Each appeal shall be evaluated by a medical doctor licensed
17 to practice medicine in this State who was not involved in the noncertification."

18 Section 4. G.S. 58-50-61(l) reads as rewritten:

19 "(l) Expedited Appeals. – An expedited appeal of a noncertification may be
20 requested by a covered person or his or her provider acting on the covered person's behalf
21 only when a nonexpedited appeal would reasonably appear to seriously jeopardize the life
22 or health of a covered person or jeopardize the covered person's ability to regain
23 maximum function. The insurer may require documentation of the medical justification
24 for the expedited appeal. The insurer shall, in consultation with a medical ~~doctor~~, doctor
25 licensed to practice medicine in this State, provide expedited review, and the insurer shall
26 communicate its decision in writing to the covered person and his or her provider as soon
27 as possible, but not later than four days after receiving the information justifying
28 expedited review. The written decision shall contain the provisions specified in
29 subsection (k) of this section. If the expedited review is a concurrent review
30 determination, the insurer shall remain liable for the coverage of health care services until
31 the covered person has been notified of the determination. An insurer is not required to
32 provide an expedited review for retrospective noncertifications."

33 Section 5. This act is effective when it becomes law and applies to utilization
34 reviews conducted on or after January 1, 2000.