MN HOUSE RESEARCH

Bill Summary

H.F. 2482

As introduced

Subject Prior authorization reporting and changes in clinical criteria

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Overview

This bill modifies terminology for fee-for-service providers under medical assistance or MinnesotaCare in a subdivision governing changes in coverage terms or clinical criteria used to conduct prior authorizations. It also provides the commissioner of human services, for purposes of medical assistance and MinnesotaCare, is not required to comply with a statute that requires annual posting of data on prior authorizations performed in the previous calendar year.

Summary

Section	Description
1	**Effect of change in prior authorization clinical criteria.** Amends § 62M.17, subd. 2. In a subdivision establishing requirements for changes during a plan year to coverage terms or clinical criteria used to conduct prior authorizations, provides that for fee-for-service providers under medical assistance or MinnesotaCare, changes to coverage terms or clinical criteria that occur during a calendar year do not apply until the next calendar year in the specified circumstances.
2	**Applicability of utilization review provisions.** Amends § 256B.0625, subd. 25c. Removes section 62M.18 from the list of utilization review and prior authorization statutes with which the commissioner of human services must comply for purposes of medical assistance and MinnesotaCare. Removing this section means the commissioner would not be required to post, by April 1 each year, data on prior authorizations performed in the previous calendar year.