



General Assembly

January Session, 2015

**Committee Bill No. 6**

LCO No. 4505



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT DECREASING THE TIME FRAMES FOR URGENT CARE  
ADVERSE DETERMINATION REVIEW REQUESTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (1) of subsection (c) of section 38a-591d of the  
2 general statutes is repealed and the following is substituted in lieu  
3 thereof (*Effective October 1, 2015*):

4 (1) (A) Unless the covered person or the covered person's  
5 authorized representative has failed to provide information necessary  
6 for the health carrier to make a determination and except as specified  
7 under subparagraph (B) of this subdivision, the health carrier shall  
8 make a determination as soon as possible, taking into account the  
9 covered person's medical condition, but not later than [seventy-two]  
10 forty-eight hours after the health carrier receives such request,  
11 provided, if the urgent care request is a concurrent review request to  
12 extend a course of treatment beyond the initial period of time or the  
13 number of treatments, such request is made at least twenty-four hours  
14 prior to the expiration of the prescribed period of time or number of  
15 treatments.

16 (B) Unless the covered person or the covered person's authorized  
17 representative has failed to provide information necessary for the  
18 health carrier to make a determination, for an urgent care request  
19 specified under subparagraph (B) or (C) of subdivision (38) of section  
20 38a-591a, the health carrier shall make a determination as soon as  
21 possible, taking into account the covered person's medical condition,  
22 but not later than twenty-four hours after the health carrier receives  
23 such request, provided, if the urgent care request is a concurrent  
24 review request to extend a course of treatment beyond the initial  
25 period of time or the number of treatments, such request is made at  
26 least twenty-four hours prior to the expiration of the prescribed period  
27 of time or number of treatments.

28 Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the  
29 general statutes is repealed and the following is substituted in lieu  
30 thereof (*Effective October 1, 2015*):

31 (d) (1) The health carrier shall notify the covered person and, if  
32 applicable, the covered person's authorized representative, in writing  
33 or by electronic means, of its decision within a reasonable period of  
34 time appropriate to the covered person's medical condition, but not  
35 later than:

36 (A) For prospective review and concurrent review requests, thirty  
37 calendar days after the health carrier receives the grievance;

38 (B) For retrospective review requests, sixty calendar days after the  
39 health carrier receives the grievance;

40 (C) For expedited review requests, except as specified under  
41 subparagraph (D) of this subdivision, [~~seventy-two~~] forty-eight hours  
42 after the health carrier receives the grievance; and

43 (D) For expedited review requests of a health care service or course  
44 of treatment specified under subparagraph (B) or (C) of subdivision  
45 (38) of section 38a-591a, twenty-four hours after the health carrier  
46 receives the grievance.

47 Sec. 3. Subdivision (1) of subsection (i) of section 38a-591g of the  
48 general statutes is repealed and the following is substituted in lieu  
49 thereof (*Effective October 1, 2015*):

50 (i) (1) The independent review organization shall notify the  
51 commissioner, the health carrier, the covered person and, if applicable,  
52 the covered person's authorized representative in writing of its  
53 decision to uphold, reverse or revise the adverse determination or the  
54 final adverse determination, not later than:

55 (A) For external reviews, forty-five calendar days after such  
56 organization receives the assignment from the commissioner to  
57 conduct such review;

58 (B) For external reviews involving a determination that the  
59 recommended or requested health care service or treatment is  
60 experimental or investigational, twenty calendar days after such  
61 organization receives the assignment from the commissioner to  
62 conduct such review;

63 (C) For expedited external reviews, except as specified under  
64 subparagraph (D) of this subdivision, as expeditiously as the covered  
65 person's medical condition requires, but not later than [seventy-two]  
66 forty-eight hours after such organization receives the assignment from  
67 the commissioner to conduct such review;

68 (D) For expedited external reviews involving a health care service or  
69 course of treatment specified under subparagraph (B) or (C) of  
70 subdivision (38) of section 38a-591a, as expeditiously as the covered  
71 person's medical condition requires, but not later than twenty-four  
72 hours after such organization receives the assignment from the  
73 commissioner to conduct such review; and

74 (E) For expedited external reviews involving a determination that  
75 the recommended or requested health care service or treatment is  
76 experimental or investigational, as expeditiously as the covered  
77 person's medical condition requires, but not later than five calendar

78 days after such organization receives the assignment from the  
79 commissioner to conduct such review.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	38a-591d(c)(1)
Sec. 2	<i>October 1, 2015</i>	38a-591e(d)(1)
Sec. 3	<i>October 1, 2015</i>	38a-591g(i)(1)

**INS**      *Joint Favorable*