



General Assembly

February Session, 2016

Raised Bill No. 372

LCO No. 2496



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING CLINICAL REVIEW CRITERIA FOR
UTILIZATION REVIEW AND ADVERSE DETERMINATION NOTICES.***

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

1 Section 1. Subsection (a) of section 38a-591c of the 2016 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective January 1, 2017*):

4 (a) (1) Each health carrier shall contract with (A) health care
5 professionals to administer such health carrier's utilization review
6 program, and (B) clinical peers to evaluate the clinical appropriateness
7 of an adverse determination.

8 (2) (A) Each utilization review program shall use documented
9 clinical review criteria that are based on sound clinical evidence and
10 are evaluated periodically by the health carrier's organizational
11 mechanism specified in subparagraph (F) of subdivision (2) of
12 subsection (c) of section 38a-591b to assure such program's ongoing
13 effectiveness. [A]

14 (B) Except as provided in subdivisions (3), (4) and (5) of this
15 subsection, a health carrier may develop its own clinical review criteria
16 or it may purchase or license clinical review criteria from qualified
17 vendors approved by the commissioner, provided such clinical review
18 criteria conform to the requirements of subparagraph (A) of this
19 subdivision.

20 (C) Each health carrier shall (i) post on its Internet web site (I) any
21 clinical review criteria it uses, and (II) links to any rule, guideline,
22 protocol or other similar criterion a health carrier may rely upon to
23 make an adverse determination as described in subparagraph (F) of
24 subdivision (1) of subsection (e) of section 38a-591d, as amended by
25 this act, and (ii) make its clinical review criteria available upon request
26 to authorized government agencies.

27 (3) [(A) Notwithstanding subdivision (2) of this subsection, for] For
28 any utilization review for the treatment of a substance use disorder, as
29 described in section 17a-458, the clinical review criteria used shall be:
30 (i) The most recent edition of the American Society of Addiction
31 Medicine Treatment Criteria for Addictive, Substance-Related, and Co-
32 Occurring Conditions; or (ii) clinical review criteria that the health
33 carrier demonstrates to the Insurance Department is consistent with
34 the most recent edition of the American Society of Addiction Medicine
35 Treatment Criteria for Addictive, Substance-Related, and Co-
36 Occurring Conditions, [in accordance with subparagraph (B) of this
37 subdivision] except that nothing in this subdivision shall prohibit a
38 health carrier from developing its own clinical review criteria or
39 purchasing or licensing additional clinical review criteria from
40 qualified vendors approved by the commissioner, to address
41 advancements in technology or types of care for the treatment of a
42 substance use disorder, that are not covered in the most recent edition
43 of the American Society of Addiction Medicine Treatment Criteria for
44 Addictive, Substance-Related, and Co-Occurring Conditions. Any such
45 clinical review criteria developed by a health carrier or purchased or
46 licensed from a qualified vendor shall conform to the requirements of

47 subparagraph (A) of subdivision (2) of this subsection.

48 [(B) A health carrier that uses clinical review criteria as set forth in
49 subparagraph (A)(ii) of this subdivision shall create and maintain a
50 document in an easily accessible location on such health carrier's
51 Internet web site that (i) compares each aspect of such clinical review
52 criteria with the American Society of Addiction Medicine Treatment
53 Criteria for Addictive, Substance-Related, and Co-Occurring
54 Conditions, and (ii) provides citations to peer-reviewed medical
55 literature generally recognized by the relevant medical community or
56 to professional society guidelines that justify each deviation from the
57 American Society of Addiction Medicine Treatment Criteria for
58 Addictive, Substance-Related, and Co-Occurring Conditions.]

59 (4) [(A) Notwithstanding subdivision (2) of this subsection, for] For
60 any utilization review for the treatment of a child or an adolescent
61 mental disorder, the clinical review criteria used shall be: (i) The most
62 recent guidelines of the American Academy of Child and Adolescent
63 Psychiatry's Child and Adolescent Service Intensity Instrument; or (ii)
64 clinical review criteria that the health carrier demonstrates to the
65 Insurance Department is consistent with the most recent guidelines of
66 the American Academy of Child and Adolescent Psychiatry's Child
67 and Adolescent Service Intensity Instrument, [in accordance with
68 subparagraph (B) of this subdivision] except that nothing in this
69 subdivision shall prohibit a health carrier from developing its own
70 clinical review criteria or purchasing or licensing additional clinical
71 review criteria from qualified vendors approved by the commissioner,
72 to address advancements in technology or types of care for the
73 treatment of a child or an adolescent mental disorder, that are not
74 covered in the most recent guidelines of the American Academy of
75 Child and Adolescent Psychiatry's Child and Adolescent Service
76 Intensity Instrument. Any such clinical review criteria developed by a
77 health carrier or purchased or licensed from a qualified vendor shall
78 conform to the requirements of subparagraph (A) of subdivision (2) of
79 this subsection.

80 [(B) A health carrier that uses clinical review criteria as set forth in
81 subparagraph (A)(ii) of this subdivision for children and adolescents
82 shall create and maintain a document in an easily accessible location
83 on such health carrier's Internet web site that (i) compares each aspect
84 of such clinical review criteria with the guidelines of the American
85 Academy of Child and Adolescent Psychiatry's Child and Adolescent
86 Service Intensity Instrument, and (ii) provides citations to peer-
87 reviewed medical literature generally recognized by the relevant
88 medical community or to professional society guidelines that justify
89 each deviation from the guidelines of the American Academy of Child
90 and Adolescent Psychiatry's Child and Adolescent Service Intensity
91 Instrument.]

92 (5) [(A) Notwithstanding subdivision (2) of this subsection, for] For
93 any utilization review for the treatment of an adult mental disorder,
94 the clinical review criteria used shall be: (i) The most recent guidelines
95 of the American Psychiatric Association or the most recent Standards
96 and Guidelines of the Association for Ambulatory Behavioral
97 Healthcare; or (ii) clinical review criteria that the health carrier
98 demonstrates to the Insurance Department is consistent with the most
99 recent guidelines of the American Psychiatric Association or the most
100 recent Standards and Guidelines of the Association for Ambulatory
101 Behavioral Healthcare, [in accordance with subparagraph (B) of this
102 subdivision] except that nothing in this subdivision shall prohibit a
103 health carrier from developing its own clinical review criteria or
104 purchasing or licensing additional clinical review criteria from
105 qualified vendors approved by the commissioner, to address
106 advancements in technology or types of care for the treatment of an
107 adult mental disorder, that are not covered in the most recent
108 guidelines of the American Psychiatric Association or the most recent
109 Standards and Guidelines of the Association for Ambulatory
110 Behavioral Healthcare. Any such clinical review criteria developed by
111 a health carrier or purchased or licensed from a qualified vendor shall
112 conform to the requirements of subparagraph (A) of subdivision (2) of

113 this subsection.

114 [(B) A health carrier that uses clinical review criteria as set forth in
115 subparagraph (A)(ii) of this subdivision for adults shall create and
116 maintain a document in an easily accessible location on such health
117 carrier's Internet web site that (i) compares each aspect of such clinical
118 review criteria with the guidelines of the American Psychiatric
119 Association or the most recent Standards and Guidelines of the
120 Association for Ambulatory Behavioral Healthcare, and (ii) provides
121 citations to peer-reviewed medical literature generally recognized by
122 the relevant medical community or to professional society guidelines
123 that justify each deviation from the guidelines of the American
124 Psychiatric Association or the most recent Standards and Guidelines of
125 the Association for Ambulatory Behavioral Healthcare.]

126 Sec. 2. Subsection (e) of section 38a-591d of the 2016 supplement to
127 the general statutes is repealed and the following is substituted in lieu
128 thereof (*Effective January 1, 2017*):

129 (e) Each health carrier shall provide promptly to a covered person
130 and, if applicable, the covered person's authorized representative a
131 notice of an adverse determination.

132 (1) Such notice may be provided in writing or by electronic means
133 and shall set forth, in a manner calculated to be understood by the
134 covered person or the covered person's authorized representative:

135 (A) Information sufficient to identify the benefit request or claim
136 involved, including the date of service, if applicable, the health care
137 professional and the claim amount;

138 (B) The specific reason or reasons for the adverse determination,
139 including, upon request, a listing of the relevant clinical review
140 criteria, including professional criteria and medical or scientific
141 evidence and a description of the health carrier's standard, if any, that
142 were used in reaching the denial;

143 (C) Reference to the specific health benefit plan provisions on which
144 the determination is based;

145 (D) A description of any additional material or information
146 necessary for the covered person to perfect the benefit request or claim,
147 including an explanation of why the material or information is
148 necessary to perfect the request or claim;

149 (E) A description of the health carrier's internal grievance process
150 that includes (i) the health carrier's expedited review procedures, (ii)
151 any time limits applicable to such process or procedures, (iii) the
152 contact information for the organizational unit designated to
153 coordinate the review on behalf of the health carrier, and (iv) a
154 statement that the covered person or, if applicable, the covered
155 person's authorized representative is entitled, pursuant to the
156 requirements of the health carrier's internal grievance process, to
157 receive from the health carrier, free of charge upon request, reasonable
158 access to and copies of all documents, records, communications and
159 other information and evidence regarding the covered person's benefit
160 request;

161 (F) (i) (I) [If the adverse determination is based on a health carrier's
162 internal rule, guideline, protocol or other similar criterion, (i) the
163 specific rule, guideline, protocol or other similar criterion, or (ii) (I)] A
164 copy of the specific rule, guideline, protocol or other similar criterion
165 the health carrier relied upon to make the adverse determination, or
166 (II) a statement that a specific rule, guideline, protocol or other similar
167 criterion of the health carrier was relied upon to make the adverse
168 determination and that a copy of such rule, guideline, protocol or other
169 similar criterion will be provided to the covered person free of charge
170 upon request, [(II)] with instructions for requesting such copy, and
171 [(III)] (ii) the links to such rule, guideline, protocol or other similar
172 criterion on such health carrier's Internet web site; [If the adverse
173 determination involves the treatment of a substance use disorder, as
174 described in section 17a-458, or a mental disorder, the notice of adverse

175 determination shall also include, if applicable, a link to the document
176 created and maintained by such health carrier pursuant to subdivision
177 (3), (4) or (5) of subsection (a) of section 38a-591c, as applicable, on
178 such health carrier's Internet web site;]

179 (G) If the adverse determination is based on medical necessity or an
180 experimental or investigational treatment or similar exclusion or limit,
181 the written statement of the scientific or clinical rationale for the
182 adverse determination and (i) an explanation of the scientific or clinical
183 rationale used to make the determination that applies the terms of the
184 health benefit plan to the covered person's medical circumstances or
185 (ii) a statement that an explanation will be provided to the covered
186 person free of charge upon request, and instructions for requesting a
187 copy of such explanation;

188 (H) A statement explaining the right of the covered person to
189 contact the commissioner's office or the Office of the Healthcare
190 Advocate at any time for assistance or, upon completion of the health
191 carrier's internal grievance process, to file a civil action in a court of
192 competent jurisdiction. Such statement shall include the contact
193 information for said offices; and

194 (I) A statement that if the covered person or the covered person's
195 authorized representative chooses to file a grievance of an adverse
196 determination, (i) such appeals are sometimes successful, (ii) such
197 covered person or covered person's authorized representative may
198 benefit from free assistance from the Office of the Healthcare
199 Advocate, which can assist such covered person or covered person's
200 authorized representative with the filing of a grievance pursuant to 42
201 USC 300gg-93, as amended from time to time, (iii) such covered person
202 or covered person's authorized representative is entitled and
203 encouraged to submit supporting documentation for the health
204 carrier's consideration during the review of an adverse determination,
205 including narratives from such covered person or covered person's
206 authorized representative and letters and treatment notes from such

207 covered person's health care professional, and (iv) such covered person
208 or covered person's authorized representative has the right to ask such
209 covered person's health care professional for such letters or treatment
210 notes.

211 (2) Upon request pursuant to subparagraph (E) of subdivision (1) of
212 this subsection, the health carrier shall provide such copies in
213 accordance with subsection (a) of section 38a-591n.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2017</i>	38a-591c(a)
Sec. 2	<i>January 1, 2017</i>	38a-591d(e)

Statement of Purpose:

To (1) specify certain clinical review criteria health carriers may use for utilization review for the treatment of a substance use disorder or the treatment of a child or an adolescent mental disorder or an adult mental disorder, (2) require health carriers to post clinical review criteria on their Internet web sites, and (3) require a notice of an adverse determination to include the link on a health carrier's Internet web site to a rule, guideline, protocol or other similar criterion the health carrier relied upon to make the adverse determination.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]