FIRST ENGROSSMENT

Sixty-seventh Legislative Assembly of North Dakota

ENGROSSED HOUSE BILL NO. 1154

Introduced by

Representative Keiser

Senators Klein, Vedaa

- 1 A BILL for an Act to create and enact chapter 26.1-36.9 and sections 26.1-47-02.2 and
- 2 26.1-47-02.3 of the North Dakota Century Code, relating to prior authorization of dental
- 3 services, dental networks, and payment of dental claims.

4 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

5 SECTION 1. Chapter 26.1-36.9 of the North Dakota Century Code is created and enacted

6 as follows:

7 <u>26.1-36.9-01. Definitions.</u>

8 <u>As used in this chapter:</u>

- 9 <u>1.</u> "Dental benefit plan" means a benefits plan that pays or provides dental expense
- 10 <u>benefits for covered dental services and is delivered through a dental insurer.</u>
- 12 <u>2.</u> "Dental insurer" means a dental insurance company, dental service corporation, or
- 12 dental plan organization authorized to provide dental benefits.
- 13 <u>3.</u> "Dental provider" means a licensed provider of dental services in this state.
- <u>"Dental services" means services for the diagnosis, prevention, treatment, or cure of a</u>
 <u>dental condition, illness, injury, or disease.</u>
- 16 <u>5.</u> "Prior authorization" means confirmation by the covered individual's dental benefit plan
 17 that the services sought to be provided by the dental provider meet the criteria for
- 18 <u>coverage under the covered individual's dental benefit plan as defined by the covered</u>
- 19 <u>individual's dental benefit plan.</u>
- 20 26.1-36.9-02. Dental benefit plans Prior authorization.
- 21 <u>A dental benefit plan may not deny a claim subsequently submitted by a dental provider for</u>
- 22 procedures specifically included in a prior authorization, unless at least one of the following
- 23 circumstances applies for each procedure denied:

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1	<u>1.</u>	<u>Ben</u>	efit limitations, such as annual maximums and frequency limitations not applicable				
2		<u>at th</u>	ne time of the prior authorization, are reached due to utilization after issuance of				
3		<u>the</u>	prior authorization.				
4	<u>2.</u>	<u>The</u>	documentation for the claim provided by the dental provider submitting the claim				
5		<u>clea</u>	arly fails to support the claim as originally authorized.				
6	<u>3.</u>	<u>lf, a</u>	fter the issuance of the prior authorization, new procedures are provided to the				
7		pati	ent or a change in the condition of the patient occurs such that the prior authorized				
8		proc	cedure would no longer be considered medically necessary, based on the				
9		prev	vailing standard of care.				
10	<u>4.</u>	<u>lf, a</u>	fter the issuance of the prior authorization, new procedures are provided to the				
11		pati	ent or a change in the patient's condition occurs such that the prior authorized				
12		proc	cedure would at that time require disapproval pursuant to the terms and conditions				
13		for o	coverage under the patient's plan in effect at the time the prior authorization was				
14		use	<u>d.</u>				
15	<u>5.</u>	<u>The</u>	denial of the payment was due to one of the following:				
16		<u>a.</u>	Another payor is responsible for payment.				
17		<u>b.</u>	The dental provider already has been paid for the procedures identified on the				
18			<u>claim.</u>				
19		<u>C.</u>	The claim was submitted fraudulently.				
20		<u>d.</u>	The individual receiving the procedure was not eligible to receive the procedure				
21			on the date of service.				
22	SEC	SECTION 2. Section 26.1-47-02.2 of the North Dakota Century Code is created and					
23	enacted	as fo	ollows:				
24	<u>26.1</u>	<u>-47-0</u>	02.2. Dental networks.				
25	<u>1.</u>	As used in this section:					
26		<u>a.</u>	"Affiliate" means a person that directly or indirectly through one or more				
27			intermediaries controls, or is under the control of, or is under common control				
28			with, the person specified.				
29		<u>b.</u>	"Contracting entity" means a person that enters a direct contract with a dental				
30			provider for the delivery of dental services.				

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1		<u>C.</u>	"Network" means a group of preferred dental providers providing services under
2			a network plan.
3		<u>d.</u>	"Network plan" means a dental benefit plan that requires a covered individual to
4			use, or creates incentives, including financial incentives, for a covered individual
5			to use a dental provider managed by, owned by, under contract with, or employed
6			by the dental insurer.
7		<u>e.</u>	"Third party" means an entity that is not a party to a contracting entity's dental
8			provider network.
9	<u>2.</u>	<u>A c</u>	ontracting entity may grant a third party access to a dental provider network
10		<u>con</u>	tract, or a provider's dental services or contractual discounts provided pursuant to
11		<u>a d</u>	ental provider network contract, if all of the following are met:
12		<u>a.</u>	The contract specifically states the contracting entity may enter an agreement
13			with a third party allowing the third party to obtain the contracting entity's rights
14			and responsibilities as if the third party were the contracting entity.
15		<u>b.</u>	If the contracting entity is a dental insurer, the dental provider may opt out of the
16			third-party access at the time the dental provider network contract was entered or
17			renewed.
18		<u>C.</u>	The contracting entity identifies, in writing or electronic form to the dental
19			provider, all third parties in existence as of the date the contract is entered or
20			renewed.
21		<u>d.</u>	The contracting entity notifies dental network providers that a new third party is
22			leasing or purchasing the network at least thirty days in advance of the
23			relationship taking effect.
24		<u>e.</u>	The contracting entity makes available a copy of the dental provider network
25			contract relied on in the adjudication of a claim to a participating dental provider
26			within thirty days of a request from the dental provider.
27	<u>3.</u>	<u>A d</u>	ental provider's refusal to agree in writing to the third-party access to the dental
28		pro	vider network does not permit the contracting entity to end the contractual
29		<u>rela</u>	tionship with the dental provider.
30	<u>4.</u>	<u>The</u>	e provisions of this section do not apply if access to a provider network contract is
31		<u>gra</u>	nted to a dental carrier or an entity operating in accordance with the same brand

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1		licensee program as the contracting entity or to an entity that is an affiliate of the			
2	contracting entity.				
3	SECTION 3. Section 26.1-47-02.3 of the North Dakota Century Code is created and				
4	enacted as follows:				
5	26.1-47-02.3. Postpayment of dental claims - Payment recovery limitations.				
6	<u>1.</u>	As used in this section, "dental care provider" means a licensed provider of dental			
7		care services in this state.			
8	<u>2.</u>	Other than recovery for duplicate payments, a dental insurer, if engaging in			
9		overpayment recovery efforts, shall provide written notice to the dental care provider			
10		which identifies the error made in the processing or payment of the claim and justifies			
11		the overpayment recovery.			
12	<u>3.</u>	A dental insurer shall provide a dental care provider with the opportunity to challenge			
13		an overpayment recovery, including the sharing of claims information, and shall			
14		establish written policies and procedures for a dental care provider to follow to			
15		challenge an overpayment recovery.			
16	<u>4.</u>	A dental insurer may not initiate overpayment recovery efforts more than twelve			
17		months after the original payment for the claim was made. This time limit does not			
18		apply to overpayment recovery efforts that are:			
19		a. Based on reasonable belief of fraud, abuse, or other intentional misconduct;			
20		b. Required by, or initiated at the request of, a self-insured plan; or			
21		c. Required by a state or federal government plan.			