COMMUNITY FIRST HEALTH PLANS

Texas House Bill 3459 FAQs
Preauthorization Exemption for Select Providers Starting October 1, 2022

1. What is Texas House Bill (HB) 3459?

HB3459 from 2021 (87th legislative session) provides preauthorization exemption for select providers for select medical, health care, and pharmacy services. HB 3459 applies only to the **Commercial (HM) and Health Exchange (HE)** lines of business outpatient requests for health care services.

HB3459 added Insurance Code Chapter 4201, Subchapter N, requiring **commercial, state-regulated health plans** to exempt health care providers from obtaining a preauthorization for selected health care services for one year if, in the previous six months, the provider:

- Submitted at least five preauthorization requests for the same health care service; and
- The health plan approved at least 90% of the physician's or provider's preauthorization requests for the same health care service.

NOTE: HB3459 does not apply to government lines of business (Medicaid/CHIP)

2. How will HB3459 affect physicians/providers?

Only in-network provider groups contracted to provide services to Community First Commercial (HM) and Health Exchange (HE) Members will be considered for exemption status.

Ordering in-network physicians or providers who have submitted at least five preauthorization requests for a defined service which have been approved at least 90% of the time by Community First during the six-month evaluation timeframe qualify for an exemption for that same health care service.

- Evaluation periods are January 1, 20XX – June 30, 20XX and July 1, 20XX – December 31, 20XX.
- Exemption status will be applied at the individual provider level for both medical and pharmacy defined benefits.
- Exemption status will remain in effect for one year from the date of exemption status notification.

- Treating in-network physicians or providers who receive an order for services from an in-network ordering physician or provider who has received an exemption **will also not be required** to obtain an authorization.

NOTE: Treating providers must input the Ordering Provider's NPI, or the claim will be denied.

3. How will physicians/providers know if they are exempt?

Community First will send the physician or provider a notice which includes the following:

- A statement that the physician or provider qualifies for an exemption from the preauthorization requirement;
- A list of the health care service codes and health benefit plans to which the exemption applies; and
- A statement of the duration of the exemption.

4. How long does the prior authorization exemption last?

Exemption status will remain in effect for one year from the date of exemption status notification. Evaluation periods are January 1, 20XX – June 30, 20XX and July 1, 20XX – December 31, 20XX.

5. How will physicians/providers be notified of continued exemption status notification?

Community First maintains a process to facilitate notification of continued exemption status.

- Community First leadership evaluates whether a physician or provider continues to qualify for an exemption from preauthorization requirements by conducting a retrospective review of a random sample of not fewer than five and no more than 20 claims within 90 days of the end of the evaluation period.
- Community First notifies physicians or Providers of the result of their findings and exemption status within **15 business days** of receiving the random sample.

For questions regarding their exemption status, providers may call 210-358-6112.

For more information regarding HB3459 from the Texas Department of Insurance, please visit [Information on Implementation of HB 3459 (texas.gov)]