

HOUSE No. 01222

The Commonwealth of Massachusetts

PRESENTED BY:

Linda Dorcena Forry

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act relative to streamlining administrative procedures.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Linda Dorcena Forry</i>	<i>12th Suffolk</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>Harold P. Naughton, Jr.</i>	<i>12th Worcester</i>
<i>Benjamin Swan</i>	<i>11th Hampden</i>

HOUSE No. 01222

By Ms. Linda Dorcena Forry of Boston, petition (accompanied by bill, House, No. 01222) of Harold P. Naughton and others relative to evidence of coverage to be delivered to covered adults by health, dental and vision care providers. Joint Committee on Health Care Financing.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act relative to streamlining administrative procedures.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 Be it enacted by the Senate and House of Representatives in General Court assembled, and by
- 2 the authority of the same, as follows:
- 3 SECTION 1. Section 12 of Chapter 176O of the General Laws, as appearing in the 2006 Official
- 4 Edition, is hereby amended by striking out subsections (b) and (c) and inserting in place thereof
- 5 the following subsections:--
- 6 (b) A carrier or utilization review organization shall make a determination regarding the medical
- 7 necessity of a proposed admission, procedure or service that requires a determination within two
- 8 working days of obtaining all necessary information. For purposes of this section, "necessary
- 9 information" shall include the results of any face-to-face clinical evaluation or second opinion
- 10 that may be required. In the case of a determination to approve an admission, procedure or
- 11 service, the carrier or utilization review organization shall notify the provider rendering or

12 requesting the service within 24 hours. In the case of an adverse determination, the carrier or
13 utilization review organization shall notify the provider rendering or requesting the service
14 within 24 hours, and shall provide written or electronic confirmation of the notification to the
15 insured and the provider within one working day thereafter.

16 (c) A carrier or utilization review organization shall make a concurrent review determination
17 within one working day of obtaining all necessary information. In the case of a determination to
18 approve an extended stay or additional services, the carrier or utilization review organization
19 shall notify the provider rendering or requesting the service within one working day. In the case
20 of an adverse determination, the carrier or utilization review organization shall notify the
21 provider rendering or requesting the service within 24 hours and shall provide written or
22 electronic notification to the insured and the provider within one working day thereafter. The
23 service shall be continued without liability to the insured until the insured has been notified of
24 the determination.

25 SECTION 2. Subsection (a) of Section 6 of Chapter 176O of the General Laws, as so appearing
26 in the 2006 Official Edition, is hereby amended by striking out clause (2) thereof.