SENATE DOCKET, NO. 1453 FILED ON: 1/18/2013

SENATE . . . . . No. 552

The Commonwealth of Massachusetts

PRESENTED BY:

Richard T. Moore

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 extending protections to MassHealth recipients.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Richard T. Moore	*Worcester and Norfolk*

SENATE DOCKET, NO. 1453 FILED ON: 1/18/2013

SENATE . . . . . No. 552

By Mr. Richard T. Moore, a petition (accompanied by bill, Senate, No. 552) of Richard T. Moore for legislation to extend protections to MassHealth recipients. Health Care Financing.

The Commonwealth of Massachusetts

In the Year Two Thousand Thirteen

An Act extending protections to MassHealth recipients.

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

SECTION 1. Section 1 of chapter 176O of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking the definition of "Carrier" and inserting in place thereof the following definition:-

"Carrier", an insurer licensed or otherwise authorized to transact accident or health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; a nonprofit medical service corporation organized under chapter 176B; a health maintenance organization organized under chapter 176G; any entity providing managed care services under contract with the division of medical assistance or any program administered by the division to eligible individuals eligible pursuant to chapter 118E; and an organization entering into a preferred provider arrangement under chapter 176I, but not including an employer purchasing coverage or acting on behalf of its employees or employees of one or more subsidiaries or affiliated corporations of the employer. Unless otherwise noted, the term "carrier" shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services.

SECTION 2. Said section 1 of chapter 176O, as so appearing, is hereby further amended by striking the definition of '"Covered benefits" or "Benefits"' and inserting in place thereof the following definition:-

"Covered benefits" or "benefits", health care services to which an insured or a recipient of services under the division of medical assistance is entitled pursuant to chapter 118E under the terms of a health benefit plan or program.

SECTION 3. Said section 1 of chapter 176O, as so appearing, is hereby further amended by striking the definition of "Grievance" and inserting in place thereof the following definition:-

"Grievance", any oral or written complaint submitted to the carrier, or division of medical assistance under chapter 118E, which has been initiated by an insured or a recipient of public assistance, or on behalf of an insured or recipient of public assistance with the consent of the insured or the recipient, concerning any aspect or action of the carrier or division, relative to the insured or the recipient, including, but not limited to: review of adverse determinations regarding the scope of coverage, denial of services, quality of care and administrative operations, in accordance with the requirements of this chapter.

SECTION 4. Said section 1 of chapter 176O, as so appearing, is hereby further amended by striking the definition of "Health benefit plan" and inserting in place thereof the following definition:-

"Health benefit plan", a policy, contract, certificate or agreement entered into, offered or issued by a carrier to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services; or a managed care arrangement of the division of medical assistance pursuant to chapter 118E.

SECTION 5. Said section 1 of chapter 176O, as so appearing, is hereby further amended by striking the definition of "Insured" and inserting in place thereof the following definition:-

"Insured", an enrollee, covered person, insured, member, policyholder or subscriber of a carrier, including an assistance recipient of the division of medical assistance, and including an individual whose eligibility as an insured of a carrier is in dispute or under review, or any other individual whose care may be subject to review by a utilization review program or entity as described under other provisions of this chapter.

SECTION 6. Section 2 of said chapter 176O, as so appearing, is hereby amended in subsection (a) by deleting lines 1 through 3 and inserting in place thereof the following:-

"Section 2. (a) There is hereby established within the center a bureau of managed care. Said bureau shall by regulation establish minimum standards for the accreditation of carriers, other than the division of medical assistance pursuant to chapter 118E, in the following areas:"

SECTION 7. Section 8 of said chapter 176O, as so appearing, is hereby amended by striking out the section in its entirety and inserting in place thereof the following section:-

Section 8. A carrier, other than the division of medical assistance pursuant to chapter 118E, neglecting to make and file its annual statement or the materials required by the commissioner to be filed with the division under this chapter or under chapter 176G in the form and within the time required thereby shall be fined $5,000 for each day during which such neglect continues after being notified by said commissioner of such neglect, and, after notice and

a hearing by the commissioner to that effect, its authority to do new business shall cease while such neglect continues.