## **SENATE . . . . . . . . . . . . . . . . No. 635**

The Co	mmonwealth of Massachusetts	
	PRESENTED BY:  Nick Collins	
Court assembled:	Representatives of the Commonwealth of Massachusetts in General Advanced on the Adoption of the accomp	
	notifications of UR approvals (administrative simplif	
	PETITION OF:	
Name:	DISTRICT/ADDRESS:	
Nick Collins	First Suffolk	

## **SENATE . . . . . . . . . . . . . . . No. 635**

By Mr. Collins, a petition (accompanied by bill, Senate, No. 635) of Nick Collins for legislation to address duplicative notifications of UR approvals (administrative simplification). Financial Services.

## The Commonwealth of Alassachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act addressing duplicative notifications of UR approvals (administrative simplification).

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 12 of Chapter 1760 of the General Laws, as appearing in the 2018

Official Edition, is hereby amended by striking out subsections (b) and (c) and inserting in place

thereof the following subsections:-

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4 (b) A carrier or utilization review organization shall make a determination regarding the

medical necessity of a proposed admission, procedure or service that requires a determination

6 within two working days of obtaining all necessary information. For purposes of this section,

"necessary information" shall include the results of any face-to-face clinical evaluation or second

opinion that may be required. In the case of a determination to approve an admission, procedure

or service, the carrier or utilization review organization shall notify the provider rendering or

requesting the service within 24 hours. In the case of an adverse determination, the carrier or

utilization review organization shall notify the provider rendering or requesting the service

within 24 hours, and shall provide written or electronic confirmation of the notification to the insured and the provider within one working day thereafter.

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