HOUSE DOCKET, NO. 1876 FILED ON: 1/20/2011

HOUSE . . . . . No. 1222

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:

An Act relative to streamlining administrative procedures.

PETITION OF:

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

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HOUSE . . . . . No. 1222

By Ms. Forry of Boston, a petition (accompanied by bill, House, No. 1222) of Linda Dorcena Forry and others relative to evidence of coverage to be delivered to covered adults by health, dental and vision care providers. Health Care Financing.

The Commonwealth of Massachusetts

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:

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 176O of the General Laws, as appearing in the 2006 Official Edition, is hereby amended by striking out subsections (b) and (c) and inserting in place thereof the following subsections:--

(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 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

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
26 appearing in the 2006 Official Edition, is hereby amended by striking out clause (2) thereof.