

SENATE No. 564

The Commonwealth of Massachusetts

PRESENTED BY:

Moore, Richard (SEN)

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 Relating to Equitable Provider Reimbursement.

PETITION OF:

NAME:

Moore, Richard (SEN)

DISTRICT/ADDRESS:

Worcester and Norfolk

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT RELATING TO EQUITABLE PROVIDER REIMBURSEMENT.

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

1 SECTION 1. Section 12 of Chapter 118E of the General Laws, as appearing in the 2006
2 Official Edition, is hereby amended by inserting at the beginning of the section the following
3 new definitions:

4 “Managed Care Organization”, any entity with which the Commonwealth contracts to provide
5 managed care services to eligible MassHealth enrollees on a capitated basis.

6 "Network", a grouping of health care providers who contract with a managed care organization
7 to provide services to MassHealth enrollees covered by the managed care organization’s plans,
8 policies, contracts or other arrangements.

9 “Non-network provider”, a health care provider who has not entered into a contract with a
10 managed care organization to provide services to MassHealth enrollees.

11 SECTION 2. Section 12 of Chapter 118E of the General Laws, as so appearing, is further
12 amended by inserting at the end of the section the following new language:

13 For emergency, post-stabilization, and certain services that have received a prior approval by a
14 managed care organization contracting with the Commonwealth to provide managed care
15 services to MassHealth enrollees, health care providers not included in a managed care
16 organization's network, must accept a rate equal to the rate paid by Medicaid for the same or
17 similar services. Nothing in this section shall prohibit a managed care organization from
18 denying payment for unapproved services conducted by a non-network provider. Health care
19 providers shall be prohibited from attempting to charge or to collect from the enrollee, or persons
20 acting on the enrollee's behalf, any amount, other than co-payments, in excess of the amount
21 paid by the managed care organization for that service.

22 SECTION 3. Chapter 118H of the General Laws, as so appearing, is hereby amended by the
23 addition of a new Section 7, as follows:

24 Section 7. For emergency, post-stabilization, and certain services that have received a prior
25 approval by a carrier or managed care organization contracting with the Connector to provide
26 managed care services to Commonwealth Care Health Insurance Program enrollees, health care
27 providers not included in a managed care organization's network, must accept a rate equal to the
28 rate paid by Medicaid for the same or similar services. Nothing in this section shall prohibit a
29 carrier or managed care organization from denying payment for unapproved services conducted
30 by a non-network provider. Health care providers shall be prohibited from attempting to charge
31 or to collect from the enrollee, or persons acting on the enrollee's behalf, any amount, other than
32 co-payments, in excess of the amount paid by the managed care organization for that service.