SENATE DOCKET, NO. 696 FILED ON: 1/15/2015

# SENATE . . . . . No. 587

## 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 adoption of the accompanying bill:

An Act relative to administrative simplification.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: |
|---|---|
| *Linda Dorcena Forry* | *First Suffolk* |

SENATE DOCKET, NO. 696 FILED ON: 1/15/2015

# SENATE . . . . . No. 587

By Ms. Forry, a petition (accompanied by bill, Senate, No. 587) of Linda Dorcena Forry for legislation relative to evidence of coverage to be delivered to covered adults by health, dental and vision care providers. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *1022* OF 2013-2014.]

## The Commonwealth of Massachusetts

**In the One Hundred and Eighty-Ninth General Court**
**(2015-2016)**

An Act relative to 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 176O of the General Laws, as appearing in the 2012 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

11 utilization review organization shall notify the provider rendering or requesting the service
12 within 24 hours, and shall provide written or electronic confirmation of the notification to the
13 insured and the provider within one working day thereafter.

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