

# HOUSE . . . . . No. 1022

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## 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 streamlining administrative procedures.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Linda Dorcena Forry</i>	<i>12th Suffolk</i>	<i>1/16/2013</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	

# HOUSE . . . . . No. 1022

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By Ms. Forry of Boston, a petition (accompanied by bill, House, No. 1022) of Linda Dorcena Forry and Jason M. Lewis relative to evidence of coverage to be delivered to covered adults by health, dental and vision care providers. Health Care Financing.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1222 OF 2011-2012.]

## The Commonwealth of Massachusetts

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In the Year Two Thousand Thirteen  
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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:*

1           SECTION 1. Section 12 of Chapter 176O of the General Laws, as appearing in the 2006  
2 Official Edition, is hereby amended by striking out subsections (b) and (c) and inserting in place  
3 thereof the following subsections:--

4           (b) A carrier or utilization review organization shall make a determination regarding the  
5 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,  
7 "necessary information" shall include the results of any face-to-face clinical evaluation or second  
8 opinion that may be required. In the case of a determination to approve an admission, procedure  
9 or service, the carrier or utilization review organization shall notify the provider rendering or  
10 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.

23 SECTION 2. Subsection (a) of Section 6 of Chapter 176O of the General Laws, as so  
24 appearing in the 2006 Official Edition, is hereby amended by striking out clause (2) thereof.