

HOUSE No. 788

The Commonwealth of Massachusetts

PRESENTED BY:

Ruth B. Balser

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 the transparency of mental health benefits.

PETITION OF:

| NAME: | DISTRICT/ADDRESS: | DATE ADDED: |
|-----------------------------|--------------------------------------|------------------|
| <i>Ruth B. Balser</i> | <i>12th Middlesex</i> | <i>1/14/2015</i> |
| <i>Brian A. Joyce</i> | <i>Norfolk, Bristol and Plymouth</i> | <i>9/4/2019</i> |
| <i>Marjorie C. Decker</i> | <i>25th Middlesex</i> | <i>9/4/2019</i> |
| <i>Paul R. Heroux</i> | <i>2nd Bristol</i> | <i>9/4/2019</i> |
| <i>Barbara A. L'Italien</i> | <i>Second Essex and Middlesex</i> | <i>9/4/2019</i> |
| <i>Kay Khan</i> | <i>11th Middlesex</i> | <i>9/4/2019</i> |

HOUSE No. 788

By Ms. Balsler of Newton, a petition (accompanied by bill, House, No. 788) of Ruth B. Balsler and others relative to the disclosure of certain data by behavioral health management firms and other third party administrators. Financial Services.

The Commonwealth of Massachusetts

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

An Act relative to the transparency of mental health benefits.

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

1 Notwithstanding any general or special law to the contrary in the Commonwealth, any
2 licensed health insurance company under chapter 176O who is providing health coverage that
3 includes coverage for behavioral health services including those that utilize a behavioral health
4 management firm, third party administrator or contract for payment and utilization services to
5 any other entity for a fee, including behavioral health management firms and third party
6 administrators under contract to the Commonwealth of Massachusetts on behalf of its employees
7 and retirees or to a Medicaid managed care organization or the Medicaid primary care clinician
8 plans shall be subject to this law. All data required under this law shall be reported to the Health
9 Policy Commission, Office of Patient Protection who shall have the authority to develop the
10 uniform management, reporting and publication of data required by this statute.

11 Data disclosing any denial of service for behavioral health services shall be reported and
12 said data shall contain diagnoses and reason for denial but no other identifying patient data,
13 provided further; that all denials for medications shall be reported.

14 Data disclosing the size of said behavioral health management or third party
15 administrators individual and group outpatient provider networks by license, inpatient networks,
16 clinic network said data shall include the numbers of providers, the average length of their
17 affiliation with said entity, the number of patients seen per reporting period, the date of last
18 payment to said providers; provider further, for each CPT code paid by said entity a rate
19 schedule shall be filed by said entity by CPT code annually.

20 For all licensed insurers operating in the Commonwealth under said Chapter data
21 disclosing individual and group outpatient provider networks by license, inpatient networks,
22 clinic network said data shall include the numbers of providers, the average length of their
23 affiliation with said entity, the number of patient seen per reporting period, the last date of
24 payment to said providers; provider further; for each CPT code paid by said entity a rate
25 schedule shall be filed by said entity by CPT code annually.

26 If said entities use geographic sampling or any other such mechanism to determine a
27 provider payment including but not limited to fee for service payments said geographic data shall
28 be disclosed by said entities.

29 The office of patient protection shall establish a reporting system by which an insured
30 who has exhausted more than three unsuccessful attempts to schedule an appointment with a
31 provider in the said entities network to report said attempts and the entities involved. Said data
32 shall be publicly available.

33 Any insurance company authorized to conduct business in the Commonwealth who
34 currently engages or contracts with a third party to administer and control payments of its
35 behavioral or mental health coverage, shall make public the terms of any contracts currently in
36 force, specifically showing the term of payment, term of bonuses, terms of incentives and
37 disincentives of compensation for each third party administrator contract and entity.

38 Said reports shall be filed quarterly the first report is to be made within 90 days from the
39 effective date of this law. The aforesaid reports shall not contain any identifying information on
40 the insureds or providers.