

HOUSE No. 983

The Commonwealth of Massachusetts

PRESENTED BY:

Paul J. Donato

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 relating to equitable provider reimbursement.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Paul J. Donato</i>	<i>35th Middlesex</i>	<i>1/15/2015</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>9/9/2019</i>

HOUSE No. 983

By Mr. Donato of Medford, a petition (accompanied by bill, House, No. 983) of Paul J. Donato and Jason M. Lewis relative to equitable health care provider reimbursement. Health Care Financing.

The Commonwealth of Massachusetts

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

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 is hereby amended by
2 inserting at the beginning of the section the following new definitions:

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

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

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

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

12 For emergency, post-stabilization, and certain other services that have received a prior
13 approval by a managed care organization, a non-network provider must accept a rate equal to the
14 rate paid by Medicaid for the same or similar services. Nothing in this section shall
15 prohibit a managed care organization from denying payment for unapproved services conducted
16 by a non-network provider.