

**HOUSE . . . . . No. 1289**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*David Paul Linsky and James J. O'Day*

*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 ensuring protections for physicians and hospitals that contract with Medicaid managed care organizations.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>1/29/2021</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>2/5/2021</i>

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By Messrs. Linsky of Natick and O'Day of West Boylston, a petition (accompanied by bill, House, No. 1289) of David Paul Linsky and James J. O'Day relative to physicians and hospitals that contract with Medicaid managed care organizations. Health Care Financing.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1172 OF 2019-2020.]

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

An Act ensuring protections for physicians and hospitals that contract with Medicaid managed care organizations.

*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 after the last paragraph the following paragraph:-

3           Reimbursement from managed care organizations that contract with the executive office  
4 for hospital and physician services provided to beneficiaries under this chapter shall be subject to  
5 negotiation between providers of medical services and managed care organizations and shall not  
6 be limited or determined through contracts between the executive office and managed care  
7 organizations, including accountable care organizations and dual-eligible health plans.

8 SECTION 2. The last sentence of the first paragraph of Section 13E1/2 of Chapter 118E  
9 of the General Laws, is hereby amended by inserting after the word “services” the following  
10 words:-

11 provided further, that acute hospital and non-acute hospital reimbursement from managed  
12 care organizations that contract with the executive office shall for health services provided to  
13 beneficiaries under this chapter be subject to negotiation between those hospitals and managed  
14 care organizations and shall not be limited or determined through contracts between the  
15 executive office and managed care organizations, including accountable care organizations and  
16 dual-eligible health plans.

17 SECTION 3. Section 13F of Chapter 118E of the General Laws, is hereby amended by  
18 inserting after subsection c the following subsection:-

19 (d) the executive office shall not, in its contracts with acute hospitals and non-acute  
20 hospitals or through any other rule or regulation, require hospitals to accept fee-for-service rates  
21 established by the office of Medicaid for non-emergency services provided to beneficiaries  
22 enrolled in managed care organizations including for accountable care organizations and dual-  
23 eligible health plans. The office may require hospitals that are not in a managed care  
24 organization’s provider network to accept fee-for-service rates established by the office for  
25 emergency services only.