

HOUSE No. 1006

The Commonwealth of Massachusetts

PRESENTED BY:

Stephen Kulik

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 administering national standards to Medicaid medical necessity reviews.

PETITION OF:

NAME:

Stephen Kulik

DISTRICT/ADDRESS:

1st Franklin

HOUSE No. 1006

By Mr. Kulik of Worthington, a petition (accompanied by bill, House, No. 1006) of Stephen Kulik relative to administering national standards to Medicaid medical necessity reviews. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1034 OF 2013-2014.]

The Commonwealth of Massachusetts

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

An Act relative to administering national standards to Medicaid medical necessity reviews.

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 8 of chapter 118E of the General Laws, as appearing in the 2012
2 Official Edition, is hereby amended by inserting the following new definitions:

3 “Adverse determination”, a determination from a clinical peer reviewer, based upon a
4 review of information provided by a healthcare provider, to deny, reduce, modify, or terminate
5 an admission, continued inpatient stay, or the availability of any other health care services, for
6 failure to meet the requirements for coverage based on medical necessity, appropriateness of
7 health care setting and level of care, or effectiveness.

8 “Clinical peer reviewer”, a physician or other health care professional, other than the
9 physician or other health care professional who made the initial decision, who holds a non-

10 restricted license from the appropriate professional licensing board in the commonwealth, a
11 current board certification from a specialty board approved by the American Board of Medical
12 Specialties or the Advisory Board of Osteopathic Specialists from the major areas of clinical
13 services or, for non-physician health care professionals, the recognized professional board for
14 their specialty, who also actively practices in the same or similar specialty as typically manages
15 the medical condition, procedure or treatment under review, and whose compensation does not
16 directly or indirectly depend upon the quantity, type or cost of the services that such person
17 approves or denies.

18 SECTION 2. Section 51 of said chapter 118E, as so appearing, is hereby amended by
19 inserting after the first paragraph the following new paragraph

20 Upon making an adverse determination regarding an admission, continued inpatient stay,
21 or the availability of any other health care services procedure or service, the division shall
22 provide a written notification of the adverse determination that shall include a substantive
23 clinical justification that is consistent with generally accepted principles of professional medical
24 practice, and shall, at a minimum: (1) identify the specific information upon which the adverse
25 determination was based; (2) discuss the medical assistance recipient's presenting symptoms or
26 condition, diagnosis and treatment interventions and the specific reasons based on national
27 evidence based medical standards and criteria that such medical evidence fails to meet a national
28 evidence based medical standard and criteria; (3) specify any alternative treatment option offered
29 by the division, if any; and (4) reference and include applicable clinical practice guidelines and
30 review criteria used in making the adverse determination. The division shall give a provider
31 treating a medical assistance recipient an opportunity to seek reconsideration of an adverse
32 determination. Said reconsideration process shall occur within one working day of the receipt of

33 the request and shall be conducted between the provider rendering the service and the clinical
34 peer reviewer or a clinical peer designated by the clinical peer reviewer if said reviewer cannot
35 be available within one working day. If the adverse determination is not reversed by the
36 reconsideration process, nothing in the paragraph shall prevent the provider from pursuing the
37 claim through the division's appeal process.