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COMMISSIONER OF INSURANCE

Bulletin 2002-12

To: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and Health Maintenance Organizations**

From: **Commissioner Julianne M. Bowler** Julianne M Bowler

Re: **Dental and Vision Service Plans**

Date: **September 13, 2002**

This bulletin is to inform carriers of certain changes to M.G.L. c. 176O, as expressed within Chapter 294 of the Acts of 2002 (Chapter 294), which was signed into law on August 24, 2002. Section 1 of Chapter 294 amends the definition of "carrier" within M.G.L. c. 176O, §1 to make clear that it "shall not include any entity to the extent it offers a policy, certificate or contract that provides coverage solely for dental care services or vision care services."

According to the provisions of M.G.L. c. 176O, carriers are required to be annually accredited by the Bureau of Managed Care (Bureau) within the Division of Insurance (Division) in order to offer health care services through affiliated and contracting providers or employ utilization review in making decisions about whether health care services are covered benefits under a health benefit plan. Through the just completed accreditation cycle, the Bureau has reviewed the health care delivery systems for all health care services, including those for dental and vision care products. The effect of the change made by Chapter 294 is to remove the requirement that any carrier's stand-alone dental or vision care products be subject to the provisions of M.G.L. c. 176O or the annual accreditation process for the period through December 31, 2005. During 2004 an advisory committee will meet to evaluate the continuation of this provision beyond that date.

In completing their most recent accreditation filings, the Division is aware that carriers with stand-alone dental and vision care plans revised these plans' provider contracts, provider directories and evidences of coverage in order to be accredited as of August 1, 2002. Although Chapter 294 amends the statutory obligations of carriers with stand-alone dental and visions care plans, the Division will expect that all contracts, directories and evidences of coverage filed with the Division will remain in effect until a carrier has provided 30-days notice that certain features previously required by M.G.L. c. 176O are being removed from these contracts.

The Bureau also notes that while Chapter 294 removes the statutory requirement that stand-alone dental and vision care plans be subject to the managed care statute, the Bureau recognizes that certain carriers may wish to continue to submit applications for their dental and vision care plans to be annually accredited by the Bureau. All such applications will be reviewed as submitted to the Bureau.

Any questions regarding this bulletin should be addressed to Kevin Beagan, Director, Bureau of Managed Care at (617) 521-7347.