COMMONWEALTH OF MASSACHUSETTS Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE



One South Station • Boston, MA 02110-2208 (617) 521-7777 • FAX (617) 521-7475 Springfield Office (413) 785-5526 TTY/TDD (617) 521-7490 http://www.state.ma.us/doi

MITT ROMNEY GOVERNOR

KERRY HEALEY

BETH LINDSTROM DIRECTOR, CONSUMER AFFAIRS AND BUSINESS REGULATION

JULIANNE M. BOWLER COMMISSIONER OF INSURANCE

Bulletin 2004-07

To:

All Commercial Health Insurers, Blue Cross and Blue Shield of

Massachusetts, Inc. and Health Maintenance Organizations

From:

Commissioner Julianne M. Bowler

Juliane M Borle

Re:

Amendments to Laws Mandating Coverage for Early Intervention Services

for Dependent Children

Date:

August 13, 2004

This bulletin clarifies recent changes to the Massachusetts laws that mandate coverage for early intervention services for dependent children as expressed within Chapter 149 of the Acts of 2004 (Chapter 149). Chapter 149 was signed into law on June 25, 2004 and made effective July 1, 2004. Section 189 of Chapter 149 amended M.G.L. c. 175 § 47C; section 190 amended c. 176A § 8B; section 191 amended c. 176B § 4C; and section 192 amended c. 176G § 4.

The effect of these changes has been to increase the reimbursement amounts that commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and health maintenance organizations must pay for mandated early intervention services. Early intervention services must now be reimbursed at an increased maximum benefit of \$5,200 per year per child (up from \$3,200) and an aggregate benefit of \$15,600 over the total enrollment period (up from \$9,600).

Please note that sections 189 through 192 of Chapter 149 do not include any prospective effective date. Therefore, commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. and health maintenance organizations must: include the benefit for all policyholders, subscribers and members; implement procedures to provide the increased benefit as of July 1, 2004 and notify consumers of the change. This means that all contracts in force as of July 1, 2004, and all contracts entered into after such date, must include the change. These carriers must also submit revised contracts, policies, certificates and evidences of coverage, or relevant riders, endorsements, or amendments that would be attached to existing documents regarding this benefit as soon as possible to the Division of Insurance Health Unit for review. The new benefit may not be delayed. Please refer to St. 2004, c. 149, M.G.L. c. 175, § 47C, c. 176A, § 8B, c. 176B, § 4C and c. 176G, § 4 for a complete description of the required benefits that must be provided.