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**Bulletin 96-08**

**To:** **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts (BCBSMA), Health Maintenance Organizations (HMOs)**

**From:** **Commissioner Linda Ruthardt**

**RE:** **Provider/Patient Communications, St. 1996, c. 8 §§ 2, 4, 9,11, and 12**

**Date:** **June 25, 1996**

St. 1996, c. 8 (Chapter 8), entitled An Act Further Protecting the Confidentiality of Patients, effective April 18, 1996, in part, sets forth new laws relating to provider/patient communications: Section 2 of Chapter 8 adds M.G.L. c. 175 § 108.11; Section 4 adds M.G.L. c. 175 § 110(M); Section 9 amends M.G.L. c. 176B § 7; Section 11 amends M.G.L. c. 176G § 6; and Section 12 amends M.G.L. c. 176I § 2.

Chapter 8, in the above-referenced laws, prohibits commercial health insurers, BCBSMA, HMOs and Preferred Provider Arrangements (PPAs) from refusing to contract with or compensate for covered services an otherwise eligible provider, (or nonparticipating provider, in the case of commercial health insurers and PPAs), solely because such provider has in good faith communicated with one or more of his/her current, former or prospective patients regarding the provisions, terms or requirements of the carrier's products as they relate to the needs of such provider's patients.

Commercial health carriers, BCBSMA, HMOs and PPAs are advised that they may neither refuse to contract with, nor refuse to compensate for covered services, an otherwise eligible provider for such practices which include but are not limited to informing patients about the provisions of health plans, counseling patients in connection with their insurance choices, informing a patient when a provider disagrees with a carrier's utilization review decision and about financial incentives that insurers offer providers.

Please refer to the statutes cited above for the text of the new provisions.

Any questions regarding this bulletin may be directed to Caroline E. DeStefano, Assistant General Counsel, Division of Insurance at (617) 521-7364.