



# The Commonwealth of Massachusetts

## HEALTH POLICY COMMISSION

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To: External Review Agencies under Contract with the Health Policy Commission Pursuant to M.G.L. c. 176O, § 14  
From: Nancy K. Ryan, Director, Office of Patient Protection  
Re: Continuation of Coverage Determinations during Expedited and Non-expedited External Reviews  
Date: October 28, 2022

### **Continuation of Coverage During Expedited and Non-expedited External Reviews**

Massachusetts law allows consumers to request continuation of coverage during external review in certain circumstances pursuant to M.G.L. c. 176O. Chapter 177 of the Acts of 2022, *An Act Addressing Barriers to Care for Mental Health* amended M.G.L. c. 176O to provide that continuation of coverage may be requested in both expedited and non-expedited reviews. The law also added that “other good cause” for granting continuation of coverage shall include, but not be limited to, a pattern of denials that have been overturned by prior internal or external reviews.

Effective November 8, 2022, the law states:

“An insured may apply to the external review panel to seek continued provision of health care services that are the subject of the grievance during the course of an expedited or non-expedited external review upon a showing of substantial harm to the insured’s health absent such continuation or other good cause as determined by the panel; provided, however, that good cause shall include a pattern of denials that have been overturned by prior internal or external appeals.” M.G.L. c. 176O, § 14.

Therefore, external review agencies should expect to receive requests for continuation of coverage in expedited and non-expedited reviews. External review agencies must now consider, in determining whether there exists good cause to grant continuation of coverage, a pattern of denials that have been overturned at internal or external review. Consumers are advised to include evidence of any pattern of denials with requests for continuation of coverage. Should the external review agency grant the request, continuation of coverage shall be at the carrier’s expense regardless of the final external review determination.

The decision whether coverage should be continued while the final decision is pending must be submitted to the Office of Patient Protection within 24 hours following receipt of the continuation of coverage request, whether in an expedited or non-expedited review. A physician or health care professional other than the one who will ultimately review the case is allowed to make the continuation of coverage determination.

If you have any questions about continuation of coverage during external reviews, please contact Nancy K. Ryan, Director of the Office of Patient Protection, at [Nancy.K.Ryan@mass.gov](mailto:Nancy.K.Ryan@mass.gov) or 857-327-2571.