

[REDACTED]

---

**From:** [REDACTED] <noreply+965ee5999ecd1e63@formstack.com>  
**Sent:** Monday, February 15, 2016 9:48 PM  
**To:** RegReform (ANF)  
**Subject:** A Clearer Code: Regulatory Reform

[REDACTED]

## Formstack Submission for form A Clearer Code: Regulatory Reform

Submitted at 02/15/16 9:48 PM

**Name (optional)::** Debra O'Bryan

**Company/Organization (if applicable) (optional)::**

**Address (optional)::** [REDACTED]

**Primary Phone (optional)::** [REDACTED]

**Email (optional)::** [REDACTED]

**CMR Number (If known): :** 211 CMR 43, 958 CMR 3.000

**General Regulatory Themes::** Health Care

**Please list the Agency or Agencies affiliated with this regulation::** Division of Insurance, Office of Patient Protection

**Describe the regulatory issue or observation::** I would like to know the agency responsible for regulatory oversight of Health Care Insurance Carrier compliance with Massachusetts General Law. The specific laws that were violated are noted further below. The details of this case can be obtained from the DOI or OPP referring to Complaint 590475. I can also provide details upon request.

I submitted a complaint to the DOI in Nov 2014 requesting process and procedure for consumer recourse with respect to Carrier non compliance with MGL. The DOI response back to me was that they had transferred it to the OPP because of Mental Health Parity issues (which are related but not what the complaint was requesting directly). I spent the next 12 months working with the OPP to initiate an External Review only to find out that it was limited in scope to determining medical necessity. Because it was out of network, the medical necessity criteria also included "emergency" medical requirements which meant that many of the issues I brought up in the complaint were never addressed. I wrote back to the DOI in October 2015 when the External Review was complete requesting follow up on the outstanding questions and received an email Nov 12, 2015 from Alicia Furbush (Steven Belec) that my questions were complicated and as a result were transferred to the Special Investigations Unit for review and I could contact Dorothy Raymond directly. I emailed Dorothy Nov 30 and Jan 5 and have never received a response from her or anyone else at the DOI or any Massachusetts agency providing a

satisfactory explanation to the outstanding questions/issues in my complaint. I am submitting this request to find out which agency is responsible for implementing/documenting Carrier compliance with the law and is that agency also responsible for following up on a specific consumer complaint with respect to same. If found guilty of a violation, what is the process in place to hold the Carrier accountable for compensating the Member to alleviate some or all of the tens of thousands of dollars in out of pocket costs that would have been avoided had the Carrier complied with the law.

MGL 176O, Section 6 (4) Evidence of Coverage - Carrier shall provide Member with a clear, concise statement describing services and benefits included in the Plan, restrictions, member out of pocket expenses (deductible, co-insurance, co-pays, out of network charges > usual and customary allowed amount), toll free # and/or website access to locations and manner in which services and benefits may be obtained and an explanation that if a service is not available, out of network will be covered at same rate as in network.

MGL 176O (1) Information provided by Provider at Enrollment or Upon Request - list of in network providers accessible online organized by specialty, location with a summary for each provider of compensation method, price, relativity, health status, quality measurements, and if a specific provider or type of provider is requested by a Member which are not in network or not a covered benefit, such information shall be available in an easily obtainable manner.

MGL 176O, (3) Summary Description of Processes used to develop Clinical Guidelines and Utilization Review.

MGL 176O, (7) Referral Assistance Provided by Carrier if PCP or Insured has difficulty identifying medically necessary services in network and shall identify and confirm availability of these services directly, and if necessary obtain out of network services is unavailable in network.

958 CMR 3.100 - Physician Treating Insured shall make all clinical decisions regarding medical treatment in accordance with generally accepted principles of professional medical practice and in consultation with insured to apply them in a manner that considers the individual health care needs of the insured.

(Note: There are no "generally accepted" standards, each medical professional has their own idea or standard including Carriers making it impossible for Members to come anywhere close to meeting them.)

**Suggestions for improvements to the regulation::**

I don't believe it is necessary to change the regulation but if they are not enforced, there is no point in having one is there. I would like to receive a response that provides clarity on the following:

1. The process in place to enforce these particular regulations
2. The agency responsible for validating that each Carrier is complying with them
3. The agency responsible for investigating and responding back to a consumer who has submitted a complaint including supporting evidence that a Carrier has not complied.

If there is further information needed or questions I can answer, please contact me at [REDACTED]

Regards,  
Debra O'Bryan

[Terms](#) | [Privacy](#)

Copyright © 2016 Formstack, LLC. All rights reserved.

This is a customer service email.

Formstack, LLC  
8604 Allisonville Rd.