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HOUSE BILL NO. 920

Offered January 11, 2012

Prefiled January 11, 2012

A *BILL to amend the Code of Virginia by adding a section numbered 32.1-330.2:1, relating to Medicaid Office of the Managed Care Ombudsman.*

Patron—Brink

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:**1. That the Code of Virginia is amended by adding a section numbered 32.1-330.2:1 as follows:**

§ 32.1-330.2:1. Office of the Medicaid Managed Care Ombudsman created; powers and duties.

A. There is hereby established within the Department of Medical Assistance Services the Office of the Medicaid Managed Care Ombudsman. The Office of the Managed Care Ombudsman shall promote and protect the interests of covered persons under managed care programs administered by the Department of Medical Assistance Services. All state agencies shall assist and cooperate with the Office of the Medicaid Managed Care Ombudsman in the performance of its duties under this chapter. The definitions in § 32.1-137.7 shall have the same meanings ascribed to them in § 32.1-137.7 when used in this section.

B. The Office of the Medicaid Managed Care Ombudsman shall, with regard to individuals receiving medical assistance services under the state plan for medical assistance services pursuant to § 32.1-325 furnished through managed care programs pursuant to § 32.1-330.2:

1. Assist such individuals in understanding their rights and the processes available to them according to the managed care program in which they are enrolled;

2. Answer inquiries related to the provision of services from such individuals and other citizens by telephone, mail, electronic mail, and in person;

3. Provide such individuals and other citizens information concerning managed care programs and other utilization review entities upon request;

4. Develop information on the types of managed care programs available to such individuals in the Commonwealth, including mandated benefits and utilization review procedures and appeals for such managed care programs and to receive and analyze annual complaint data required to be filed by each health carrier providing a managed care programs plan, as provided in subsection C of § 38.2-5804;

5. Make available, either separately or through an existing website utilized by the Department of Medical Assistance Services, information as set forth in subdivision 4 and such additional information as may be deemed appropriate;

6. Maintain, in conjunction with complaint and inquiry data maintained by the Department of Medical Assistance Services, data on inquiries received, the types of assistance requested, any actions taken, and the disposition of each such matter;

7. Upon request, to assist such individuals in using the procedures and processes available to them under their managed care health insurance plan, including all utilization review appeals. Such assistance may require the review of insurance and health care records of a covered person, which shall be done only with that person's express written consent. The confidentiality of any such medical records shall be maintained in accordance with the confidentiality and disclosure laws of the Commonwealth;

8. Ensure that such individuals have access to the services provided through the Office of the Medicaid Managed Care Ombudsman and that such individuals receive timely responses to their inquiries from the representatives of the Office of the Medicaid Managed Care Ombudsman;

9. Upon request by any standing committee of the General Assembly having jurisdiction over insurance or health or the Joint Commission on Health Care, provide for dissemination to the requesting parties of assessments of proposed and existing laws governing managed care health insurance plans and managed care programs and other studies of issues related to managed care health insurance plans and programs; and

10. Monitor changes in federal and state laws relating to managed care programs and health insurance.

INTRODUCED

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