S T A T E O F N E W Y O R K

2714

2011-2012 Regular Sessions

I N S E N A T E

January 31, 2011

Introduced by Sen. SEWARD -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to payments to prehospital emergency medical services providers

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Section 3224-a of the insurance law is amended by adding a new subsection (i) to read as follows:

(I) PAYMENTS TO NONPARTICIPATING OR NONPREFERRED PROVIDERS OF AMBULANCE SERVICES LICENSED UNDER ARTICLE THIRTY OF THE PUBLIC HEALTH LAW. (1) WHENEVER AN INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW PROVIDES THAT ANY HEALTH CARE CLAIMS SUBMITTED UNDER CONTRACTS OR AGREEMENTS ISSUED OR ENTERED INTO PURSUANT TO THIS ARTICLE OR ARTICLES FORTY-TWO AND FORTY-THREE OF THIS CHAPTER AND ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW ARE PAYABLE TO A PARTICIPATING OR PREFERRED PROVIDER OF AMBULANCE SERVICES FOR SERVICES RENDERED, THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW SHALL BE REQUIRED TO PAY SUCH BENEFITS EITHER DIRECTLY TO ANY SIMILARLY LICENSED NONPARTICIPATING OR NONPREFERRED PROVIDER AT SAID PROVIDER'S USUAL AND CUSTOMARY CHARGE, WHICH SHALL NOT BE EXCESSIVE OR UNREASONABLE, WHEN SAID PROVIDER HAS RENDERED SUCH SERVICES, HAS A WRITTEN ASSIGNMENT OF BENEFITS, AND HAS CAUSED WRITTEN NOTICE OF SUCH ASSIGNMENT TO BE GIVEN TO THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW OR JOINTLY TO SUCH NONPARTICIPATING OR NONPREFERRED PROVIDER AND TO THE INSURED, SUBSCRIBER, OR OTHER COVERED PERSON; PROVIDED, HOWEVER, THAT IN EITHER CASE THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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FORTY-FOUR OF THE PUBLIC HEALTH LAW SHALL BE REQUIRED TO SEND SUCH BENEFIT PAYMENTS DIRECTLY TO THE PROVIDER WHO HAS THE WRITTEN ASSIGNMENT. WHEN PAYMENT IS MADE DIRECTLY TO A PROVIDER OF AMBULANCE SERVICES AS AUTHORIZED BY THIS SECTION, THE INSURER, ORGANIZATION, OR CORPORATION LICENSED OR CERTIFIED PURSUANT TO ARTICLE FORTY-THREE OF THIS CHAPTER OR ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW SHALL GIVE WRITTEN NOTICE OF SUCH PAYMENT TO THE INSURED, SUBSCRIBER, OR OTHER COVERED PERSON.

(2) NOTHING CONTAINED IN THIS SECTION SHALL BE DEEMED TO PROHIBIT THE PAYMENT OF DIFFERENT LEVELS OF BENEFITS OR FROM HAVING DIFFERENCES IN COINSURANCE PERCENTAGES APPLICABLE TO BENEFIT LEVELS FOR SERVICES PROVIDED BY PARTICIPATING OR PREFERRED PROVIDERS AND NONPARTICIPATING OR NONPREFERRED PROVIDERS.

(3) THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO CREDIT INSURANCE, DISABILITY INCOME INSURANCE, OR LIMITED ACCIDENT AND SICKNESS POLICIES SUCH AS HOSPITAL INDEMNITY POLICIES, SPECIFIED DISEASE POLICIES, LIMITED ACCIDENT POLICIES, OR SIMILAR LIMITED POLICIES.

S 2. Subparagraphs (C) and (D) of paragraph 24 of subsection (i) of section 3216 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. THE INSURER SHALL SEND SUCH PAYMENTS DIRECTLY TO THE PROVIDER OF SUCH AMBULANCE SERVICES, IF THE AMBULANCE SERVICE INCLUDES AN EXECUTED ASSIGNMENT OF BENEFITS FORM WITH THE CLAIM.

(D) The provisions of this paragraph shall have [no] application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph.

S 3. Subparagraphs (C) and (D) of paragraph 15 of subsection (l) of section 3221 of the insurance law, as added by chapter 506 of the laws of 2001, are amended to read as follows:

(C) An insurer shall provide reimbursement for those services prescribed by this section at rates negotiated between the insurer and the provider of such services. In the absence of agreed upon rates, an insurer shall pay for such services at the usual and customary charge, which shall not be excessive or unreasonable. THE INSURER SHALL SEND SUCH PAYMENTS DIRECTLY TO THE PROVIDER OF SUCH AMBULANCE SERVICES, IF THE AMBULANCE SERVICE INCLUDES AN EXECUTED ASSIGNMENT OF BENEFITS FORM WITH THE CLAIM.

(D) The provisions of this paragraph shall have [no] application to transfers of patients between hospitals or health care facilities by an ambulance service as described in subparagraph (A) of this paragraph.

S 4. This act shall take effect January 1, 2012 and shall apply to health care claims submitted for payment after such date.