

5894

2013-2014 Regular Sessions

I N S E N A T E

June 19, 2013

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

AN ACT to amend the social services law, in relation to requiring a managed care program to establish procedures through which participants will be assured access to medical assistance dental services to which they are otherwise entitled, other than through the managed care provider

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

1 Section 1. Subparagraph (iii) of paragraph (a) of subdivision 4 of
2 section 364-j of the social services law, as amended by section 14 of
3 part C of chapter 58 of the laws of 2004, clause (E) as added and clause
4 (F) as relettered by chapter 37 of the laws of 2010, is amended to read
5 as follows:
6 (iii) under a managed care program, not all managed care providers
7 must be required to provide the same set of medical assistance services.
8 The managed care program shall establish procedures through which
9 participants will be assured access to all medical assistance services
10 to which they are otherwise entitled, other than through the managed
11 care provider, where:
12 (A) the service is not reasonably available directly or indirectly
13 from the managed care provider,
14 (B) it is necessary because of emergency or geographic unavailability,
15 or
16 (C) the services provided are family planning services; or
17 (D) the services PROVIDED are dental services [and are provided by a
18 diagnostic and treatment center licensed under article twenty-eight of
19 the public health law which is affiliated with an academic dental center
20 and which has been granted an operating certificate pursuant to article
21 twenty-eight of the public health law to provide such dental services.
22 Any diagnostic and treatment center providing dental services pursuant

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

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1 to this clause shall prior to June first of each year report to the
2 governor, temporary president of the senate and speaker of the assembly
3 on the following: the total number of visits made by medical assistance
4 recipients during the immediately preceding calendar year; the number of
5 visits made by medical assistance recipients during the immediately
6 preceding calendar year by recipients who were enrolled in managed care
7 programs; the number of visits made by medical assistance recipients
8 during the immediately preceding calendar year by recipients who were
9 enrolled in managed care programs that provide dental benefits as a
10 covered service; and the number of visits made by the uninsured during
11 the immediately preceding calendar year]; or

12 (E) the services are optometric services, as defined in article one
13 hundred forty-three of the education law, and are provided by a diagnos-
14 tic and treatment center licensed under article twenty-eight of the
15 public health law which is affiliated with the college of optometry of
16 the state university of New York and which has been granted an operating
17 certificate pursuant to article twenty-eight of the public health law to
18 provide such optometric services. Any diagnostic and treatment center
19 providing optometric services pursuant to this clause shall prior to
20 June first of each year report to the governor, temporary president of
21 the senate and speaker of the assembly on the following: the total
22 number of visits made by medical assistance recipients during the imme-
23 diately preceding calendar year; the number of visits made by medical
24 assistance recipients during the immediately preceding calendar year by
25 recipients who were enrolled in managed care programs; the number of
26 visits made by medical assistance recipients during the immediately
27 preceding calendar year by recipients who were enrolled in managed care
28 programs that provide optometric benefits as a covered service; and the
29 number of visits made by the uninsured during the immediately preceding
30 calendar year; or

31 (F) other services as defined by the commissioner of health.

32 S 2. The department of health shall analyze and compare expenditures,
33 utilization rates and utilization patterns for dental services (along
34 with any related effects on expenditures, rates and patterns for other
35 services) for medical assistance recipients; for the period during which
36 medical assistance reimbursement for such services was included in the
37 state rate of payment for medicaid managed care and for the period
38 beginning with the date on which medical assistance reimbursement for
39 such services was no longer included in the state rate of payment for
40 medicaid managed care.

41 The department of health shall include in its analyses and compar-
42 isons, the expenditures, utilization rates and utilization patterns for
43 dental services (along with any related effects on expenditures, rates
44 and patterns for other services) paid for by private third-party payors.

45 The department of health shall report its findings to the governor,
46 the temporary president of the senate and the speaker of the assembly by
47 December first, two thousand fourteen.

48 S 3. This act shall take effect on the one hundred twentieth day after
49 it shall have become a law, provided, however, that the amendments to
50 subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of
51 the social services law made by section one of this act shall not affect
52 the repeal of such section, as provided by section 11 of chapter 710 of
53 the laws of 1988, as amended, and shall be deemed to be repealed there-
54 with.