

# STATE OF NEW YORK

9019--A

## IN ASSEMBLY

February 5, 2024

Introduced by M. of A. WOERNER, THIELE, GLICK, McDONALD, BICHOTTE HERMELYN -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law and the public health law, in relation to required terms for certain insurance contracts

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Paragraph 3 of subsection (e) of section 3217-b of the  
2 insurance law, as added by chapter 586 of the laws of 1998, is amended  
3 and three new paragraphs 3-a, 3-b and 3-c are added to read as follows:

4 (3) a description of the records or information relied upon to calcu-  
5 late any such payments and adjustments, including the date of service,  
6 patient identification number, an identification of the service for  
7 which the payment is made, the reimbursement paid by the insurer for the  
8 service, and a description of how the provider can access a summary of  
9 such calculations and adjustments;

10 (3-a) the permissible payment methods as check, direct deposit, debit  
11 or credit card or online payment system, provided the health care  
12 provider can access the payment in full, without encumbrances, costs,  
13 charges, or fees, including a fee for replacement of a lost or stolen  
14 check, under at least one payment method offered by the insurer;

15 (3-b) the advance written consent of a provider to the insurer for the  
16 method of payment and to directly pay or deposit payments in a bank or  
17 other financial institution of the provider's choosing;

18 (3-c) the insurer's annual obligation, beginning on the effective date  
19 of this paragraph and continuing every first of January thereafter, to  
20 provide the health care provider with an updated payment rate schedule;

21 § 2. Paragraph 3 of subsection (e) of section 4325 of the insurance  
22 law, as added by chapter 586 of the laws of 1998, is amended and three  
23 new paragraphs 3-a, 3-b and 3-c are added to read as follows:

24 (3) a description of the records or information relied upon to calcu-  
25 late any such payments and adjustments, including the date of service,  
26 patient identification number, an identification of the service for

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

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1 which the payment is made, the reimbursement paid by the corporation for  
2 the service, and a description of how the provider can access a summary  
3 of such calculations and adjustments;

4 (3-a) the permissible payment methods as check, direct deposit, debit  
5 or credit card or online payment system, provided the health care  
6 provider can access the payment in full, without encumbrances, costs,  
7 charges, or fees, including a fee for replacement of a lost or stolen  
8 check, under at least one payment method offered by the corporation;

9 (3-b) the advance written consent of a provider to the corporation for  
10 the method of payment and to directly pay or deposit payments in a bank  
11 or other financial institution of the provider's choosing;

12 (3-c) the corporation's annual obligation, beginning on the effective  
13 date of this paragraph and continuing every first of January thereafter,  
14 to provide the health care provider with an updated payment rate sched-  
15 ule, including a description of any services bundled within a single  
16 rate;

17 § 3. Paragraph (c) of subdivision 5-a of section 4406-c of the public  
18 health law, as added by chapter 586 of the laws of 1998, is amended and  
19 three new paragraphs (c-1), (c-2) and (c-3) are added to read as  
20 follows:

21 (c) a description of the records or information relied upon to calcu-  
22 late any such payments and adjustments, including the date of service,  
23 patient identification number, an identification of the service for  
24 which the payment is made, the reimbursement paid by the health care  
25 plan for the service, and a description of how the provider can access a  
26 summary of such calculations and adjustments;

27 (c-1) the permissible payment methods as check, direct deposit, debit  
28 or credit card or online payment system, provided the health care  
29 provider can access the payment in full, without encumbrances, costs  
30 charges, or fees, including a fee for replacement of a lost or stolen  
31 check, under at least one payment method offered by the health care  
32 plan;

33 (c-2) the advance written consent of a provider to the health care  
34 plan for the method of payment and to directly pay or deposit payments  
35 in a bank or other financial institution of the provider's choosing;

36 (c-3) the health care plan's annual obligation, beginning on the  
37 effective date of this paragraph and continuing every first of January  
38 thereafter, to provide the health care provider with an updated payment  
39 rate schedule, including a description of any services bundled within a  
40 single rate;

41 § 4. This act shall take effect on the thirtieth day after it shall  
42 have become a law and shall apply to all contracts entered into,  
43 renewed, modified or amended on or after such effective date.