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I N  S E N A T E

May 15, 2014

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

AN ACT to amend the public health law, in relation to the management and administration of managed long term care plans

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

Section 1. Subparagraph (i) of paragraph (a) of subdivision 7 of section 4403-f of the public health law, as amended by section 41-b of part H of chapter 59 of the laws of 2011, is amended to read as follows:

(i) The commissioner shall promulgate regulations to implement this section and to ensure the quality, appropriateness and cost-effectiveness of the services provided by managed long term care plans. The commissioner may waive rules and regulations of the department, including but not limited to, those pertaining to duplicative requirements concerning record keeping, boards of directors, staffing and reporting, when such waiver will promote the efficient delivery of appropriate, quality, cost-effective services and when the health, safety and general welfare of enrollees will not be impaired as a result of such waiver. In order to achieve managed long term care plan system efficiencies and coordination and to promote the objectives of high quality, integrated and cost effective care, the commissioner [may]:

(A) SHALL DEVELOP A LISTING OF THE RESPECTIVE RESPONSIBILITIES FOR THE PROVISION OF SERVICES UNDER THIS SECTION BY MANAGED LONG TERM CARE PLANS AND HOME CARE PROVIDERS LICENSED OR CERTIFIED UNDER ARTICLE THIRTY-SIX OF THIS CHAPTER. SUCH DELINEATION OF PLAN-PROVIDER RESPONSIBILITIES SHALL INCLUDE, BUT NOT BE LIMITED TO, RESPONSIBILITIES FOR: ENROLLEE ASSESSMENT; SUPERVISION OF DIRECT CARE PERSONNEL; PROCUREMENT, MAINTENANCE AND UPDATING OF MEDICAL ORDERS; RECORDKEEPING; AND REPORTING. THE LISTING SHALL PROVIDE FOR CLARITY OF PLAN-PROVIDER RESPONSIBILITY, MINIMIZE PLAN-PROVIDER DUPLICATION, RECONCILE ANY CONFLICTING REGULATIONS AND PROGRAM REQUIREMENTS, AND OTHERWISE STREAMLINE PLAN-PROVIDER DUTIES REQUIRED UNDER THIS SECTION. THE COMMISSIONER SHALL SEEK THE PARTICIPATION AND ASSISTANCE OF REPRESENTATIVES OF THE HOME CARE WORKGROUP, MANAGED LONG TERM CARE PLANS, LICENSED HOME CARE SERVICES AGENCIES,

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

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CERTIFIED HOME HEALTH AGENCIES, LONG TERM HOME HEALTH CARE PROGRAMS AND STATEWIDE ASSOCIATIONS REPRESENTATIVE OF SUCH PLANS AND PROVIDERS IN THE DELINEATION AND STREAMLINING OF SUCH RESPONSIBILITIES. THE COMMISSIONER SHALL ISSUE SUCH DELINEATION NO LATER THAN SIXTY DAYS FOLLOWING THE EFFECTIVE DATE OF THIS CLAUSE; AND

(B) SHALL, IN CONSULTATION WITH THE DEPARTMENT OF FINANCIAL SERVICES, EXAMINE AND, WITHIN SIXTY DAYS OF THE EFFECTIVE DATE OF THIS CLAUSE, MAKE RECOMMENDATIONS TO THE LEGISLATURE REGARDING THE FEASIBILITY AND APPROPRIATENESS OF CREATING SYSTEM-WIDE EFFICIENCIES THROUGH ESTABLISHMENT OF PAYMENT PRACTICES, INCLUDING BUT NOT LIMITED TO: UNIFORM BILLING CODES; TIMEFRAMES FOR THE PROVISION OF WRITTEN AUTHORIZATION FOR SERVICES AND PAYMENT; PAYMENT ASSURANCES FOR SERVICES PROVIDED BASED ON VERBAL AUTHORIZATION; AND, REQUIREMENTS FOR ELECTRONIC PAYMENT; AND

(C) MAY establish a single coordinated surveillance process, allow for a comprehensive quality improvement and review process to meet component quality requirements, and require a uniform cost report. The commissioner shall require managed long term care plans to utilize quality improvement measures, based on health outcomes data, for internal quality assessment processes and may utilize such measures as part of the single coordinated surveillance process.

S 2. This act shall take effect immediately; provided, however, that the amendments to section 4403-f of the public health law made by section one of this act shall not affect the repeal of such section and shall be deemed to be repealed therewith.