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

10718

I N A S S E M B L Y

June 13, 2016

Introduced by COMMITTEE ON RULES -- (at request of M. of A. McDonald) -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to complex rehabilitation technology products and services; and to repeal subdivision nine of section 4403 of the public health law relating thereto

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

Section 1. Paragraph (b) of subdivision 2 of section 367-j of the social services law, as added by a chapter of the laws of 2016 amending the social services law and the public health law relating to preserving access to quality complex rehabilitation technology for patients with complex medical needs, as proposed in legislative bills numbers S.3651-D and A. 5074-C, is amended to read as follows:

(b) Pursuant to paragraph (a) of this subdivision, the commissioner shall, not later than October first, two thousand eighteen: (i) designate products and services included in mixed and pure HCPCS billing codes as complex rehabilitation technology, and as [needed] DEEMED NECESSARY AND APPROPRIATE BY THE COMMISSIONER, create new billing codes or code modifiers for services and products covered for complex needs patients; (ii) set minimum standards consistent with paragraph (i) of subdivision one of this section in order for suppliers to be considered qualified complex rehabilitation technology suppliers eligible for medicaid reimbursement; (iii) exempt products or services billed under mixed or pure HCPCS codes from inclusion in any bidding, selective contracting, request for proposal, or similar initiative; (iv) require complex needs patients receiving a complex rehabilitation manual wheelchair, power wheelchair, or seating component to be evaluated by a qualified health care professional and a qualified complex rehabilitation technology professional to qualify for reimbursement (such evaluation shall be exempt from any health care professional cap); AND (v) make other changes as needed to protect access to complex rehabilitation technology for complex needs patients[; and (vi) affirm that with the exception of those enrollees covered under a payment rate methodology otherwise negotiated, payments for complex rehabilitation technology provided to

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

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patients eligible for medical assistance by organizations operating in accordance with the provisions of article forty-four of the public health law or by health maintenance organizations organized and operating in accordance with article forty-three of the insurance law, shall be the rates of payment that would be paid for such payments under the medical assistance program as determined by the commissioner and applicable to services at the time such services were provided.]. THE REIMBURSEMENT RATE PAID TO PROVIDERS FOR COMPLEX REHABILITATION TECHNOLOGY PRODUCTS AND SERVICES BY MANAGED CARE ORGANIZATIONS PURSUANT TO SECTION FORTY-FOUR HUNDRED THREE-F OF THE PUBLIC HEALTH LAW AND SECTION THREE HUNDRED SIXTY-FOUR-J OF THIS TITLE SHALL BE DETERMINED BY AGREEMENT BETWEEN THE PROVIDER AND MANAGED CARE ORGANIZATION. THE AMOUNT OF ANY REIMBURSEMENT RATE INCREASE RESULTING FROM THE IMPLEMENTATION OF THIS SECTION SHALL BE SPECIFICALLY IDENTIFIED IN THE MANAGED CARE ORGANIZATION'S PREMIUMS AND THE COMMISSIONER SHALL PROVIDE FOR THE EXPEDITIOUS INCREASE OF SUCH PREMIUMS TO ENSURE THE ACTUARIAL SOUNDNESS AND ADEQUACY OF SUCH PREMIUMS AND TO ACCURATELY ACCOUNT FOR THE COST OF THE AMOUNTS PAID TO PROVIDERS PURSUANT TO THIS SECTION. THE COMMISSIONER, IN HIS OR HER JUDGMENT, MAY ESTABLISH A MINIMUM BENCHMARK REIMBURSEMENT RATE FOR MANAGED CARE ORGANIZATIONS TO PAY CONTRACTED PROVIDERS PURSUANT TO THIS SECTION, PROVIDED SUCH BENCHMARK RATE IS SPECIFICALLY IDENTIFIED AND INCLUDED IN THE MANAGED CARE ORGANIZATIONS PREMIUMS.

S 2. Subdivision 9 of section 4403 of the public health law is repealed.

S 3. This act shall take effect on the same date and in the same manner as a chapter of the laws of 2016 amending the social services law and the public health law relating to preserving access to quality complex rehabilitation technology for patients with complex medical needs, as proposed in legislative bills numbers S.3651-D and A. 5074-C takes effect.