

717--A

2015-2016 Regular Sessions

I N S E N A T E

(PREFILED)

January 7, 2015

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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, clause (E-1) as
5 added by chapter 449 of the laws of 2013, is amended to read 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

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

LBD02695-02-6

1 the public health law which is affiliated with an academic dental center
2 and which has been granted an operating certificate pursuant to article
3 twenty-eight of the public health law to provide such dental services.
4 Any diagnostic and treatment center providing dental services pursuant
5 to this clause shall prior to June first of each year report to the
6 governor, temporary president of the senate and speaker of the assembly
7 on the following: the total number of visits made by medical assistance
8 recipients during the immediately preceding calendar year; the number of
9 visits made by medical assistance recipients during the immediately
10 preceding calendar year by recipients who were enrolled in managed care
11 programs; the number of visits made by medical assistance recipients
12 during the immediately preceding calendar year by recipients who were
13 enrolled in managed care programs that provide dental benefits as a
14 covered service; and the number of visits made by the uninsured during
15 the immediately preceding calendar year]; or

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

35 (E-1) the services are vision care services rendered to a student at a
36 school based health center approved by the commissioner pursuant to this
37 clause. The commissioner may approve up to five pilot programs at school
38 based health centers in partnership with a charitable foundation that
39 agrees to provide free of charge eyeglass frames and lenses at the
40 centers pursuant to a memorandum of agreement approved by the commis-
41 sioner. The commissioner may approve the rate for such vision care
42 services at the rate for such services when provided by a federally
43 qualified health center or when provided by another entity licensed
44 pursuant to article twenty-eight of the public health law and eligible
45 for the ambulatory patient group rate approved for vision care services
46 by the commissioner; or

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

48 S 2. The department of health shall analyze and compare expenditures,
49 utilization rates and utilization patterns for dental services (along
50 with any related effects on expenditures, rates and patterns for other
51 services) for medical assistance recipients; for the period during which
52 medical assistance reimbursement for such services was included in the
53 state rate of payment for medicaid managed care and for the period
54 beginning with the date on which medical assistance reimbursement for
55 such services was no longer included in the state rate of payment for
56 medicaid managed care.

1 The department of health shall include in its analyses and compar-
2 isons, the expenditures, utilization rates and utilization patterns for
3 dental services (along with any related effects on expenditures, rates
4 and patterns for other services) paid for by private third-party payors.
5 The department of health shall report its findings to the governor,
6 the temporary president of the senate and the speaker of the assembly by
7 December first, two thousand seventeen.
8 S 3. This act shall take effect on the one hundred twentieth day after
9 it shall have become a law, provided, however, that the amendments to
10 subparagraph (iii) of paragraph (a) of subdivision 4 of section 364-j of
11 the social services law made by section one of this act shall not affect
12 the repeal of such section, as provided by section 11 of chapter 710 of
13 the laws of 1988, as amended, and shall be deemed to be repealed there-
14 with.