STATE OF NEW YORK

5046--A

2017-2018 Regular Sessions

IN ASSEMBLY

February 6, 2017

Introduced by M. of A. GOTTFRIED -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to enacting the "home health information and clinical technology act"

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

Section 1. Short title. This act shall be known and may be cited as the "home health information and clinical technology act".

§ 2. The public health law is amended by adding a new section 3623 to read as follows:

§ 3623. Home health information and clinical technology. 1. The commissioner, in consultation with representatives of home care providers, managed care plans, statewide associations representative of home care, and other stakeholders engaged in the development and collaborative use of health information technology in home care, shall develop a health information and clinical technology infrastructure support program for the home care system. Such program shall seek to:

(a) promote quality, accessibility, care management, innovation and cost-effectiveness in care;

(b) support state goals for home care participation in integrated care models under this chapter and the social services law including, but not limited to, medicaid managed care, managed long term care, delivery system reform incentive payment programs, value based payment models, fully integrated duals advantage plans, health homes, patient-centered medical homes, accountable care organizations, and hospital-home care-physician collaboration programs; and

(c) facilitate home care participation in regional health information organizations.

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

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2. The program shall include, but not be limited to, the following components:

(a) Capital grants. Subject to the availability of funds therefor, the commissioner shall be authorized to make available and, upon the approval of the director of the budget, to provide state grants to certified home health agencies, licensed home care services agencies and longterm home health care programs for clinical and health information technology. Such grants shall be provided pursuant to an application process developed by the commissioner, in consultation with representatives of the providers, managed care plans and the other entities specified in subdivision one of this section;

(b) Technology adjustment to episodic payment system. The commissioner is authorized to provide a technology adjustment for certified home health agencies and contracted licensed home care services agencies under the episodic payment system established pursuant to subdivision thirteen of section thirty-six hundred fourteen of this article. Such adjustment may be made as either a statewide base price adjustment or an add-on to the episodic rate, as the commissioner deems appropriate, to support the purposes of this section. The commissioner is authorized to also adjust, for said purposes, the payment rates for long term home health care program providers;

(c) Technology adjustment under managed care. The commissioner is authorized to provide a technology adjustment to managed care and managed long term care premiums established pursuant to section three hundred sixty-four-j of the social services law and section forty-four hundred three-f of this chapter. Such adjustment shall be in amounts which are in addition to other payments to managed care organizations and plans, and shall be provided for health information and clinical technology support for home care providers delivering or managing services under contract with such plans, and shall promote the purposes of this section;

(d) Technology support under the department's health workforce initiatives. The commissioner shall consider opportunities for clinical and health information technology support within the department's initiatives and funding for health workforce recruitment, training, retention and development. The commissioner shall seek to include such support for technology when deemed to further the purposes of this section and the specific workforce initiative, and to the extent allowable under such workforce funding. Workforce initiatives under this section shall include, but not be limited to, workforce funding authorized under the state's section eleven hundred fifteen waiver to the federal social security act for the state's medical assistance program;

(e) Technology incentive under managed care quality incentive payments. On and after April first, two thousand eighteen, the commissioner shall establish additional quality incentive payments to managed care and managed long term care plans, respectively, pursuant to section three hundred sixty-four-j of the social services law and section forty-four hundred three-f of this chapter, based on evidence of plan support for home care clinical and health information technology consistent with the purposes of this section. Such amounts shall be in addition to any other payments made to a managed care organization or plan, and support shall be evidenced in a plan's contracts and payments to home care providers and/or through other metrics identified by the commissioner in consultation with representatives of managed care organizations and plans;

(f) Technology support under the delivery system reform incentive payment program. The commissioner shall include a contingency to funding awarded to performing providers systems under the delivery system reform incentive payment program such that the performing provider system demonstrates to the satisfaction of the commissioner that it provides programmatic and fiscal support for health information technology capacity for home care providers within such system's network, consistent with the purposes of this section.

(g) Health care reform act technology funding. Notwithstanding any inconsistent provision of this chapter or the rules and regulations of the department, the commissioner, subject to the approval of the director of the budget, is authorized to redirect undistributed funds an aggregate annual amount of up to one hundred million dollars for the support of paragraphs (a), (b) and (c) of this subdivision.

3. The provisions of this section shall be implemented in a manner in collaboration with and consistent with the goals of the delivery system reform incentive payment program and other technology initiatives undertaken by the state.

§ 3. This act shall take effect immediately.