STATE OF NEW YORK

114

2021-2022 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 6, 2021

Introduced by M. of A. GOTTFRIED -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to including accountable care organizations within the definition of a managed care provider

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

Section 1. Paragraph (b) of subdivision 1 of section 364-j of the social services law, as amended by chapter 649 of the laws of 1996, subparagraph (i) as amended by section 35-a, subparagraph (ii) as amended and subparagraph (iii) as added by section 77 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(b) "Managed care provider". An entity that provides or arranges for the provision of medical assistance services and supplies to participants directly or indirectly (including by referral), including case management; and:

(i) is authorized to operate under article forty-four of the public health law or article forty-three of the insurance law and provides or arranges, directly or indirectly (including by referral) for covered comprehensive health services on a full capitation basis, including a special needs managed care plan or comprehensive HIV special needs plan; or

(ii) is authorized as a partially capitated program pursuant to section three hundred sixty-four-f of this title or section forty-four hundred three-e of the public health law or section 1915b of the social security act; or

(iii) is authorized to operate under section forty-four hundred three-g of the public health law[~~.~~]**; or**

(iv) is an accountable care organization under article twenty-nine-E of the public health law.

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

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§ 2. Paragraph (b) of subdivision 1 of section 364-j of the social services law, as amended by chapter 649 of the laws of 1996, subparagraph (i) as amended by section 35-a of part A of chapter 56 of the laws of 2013, subparagraph (ii) as amended by chapter 433 of the laws of 1997, is amended to read as follows:

(b) "Managed care provider". An entity that provides or arranges for the provision of medical assistance services and supplies to participants directly or indirectly (including by referral), including case management; and:

(i) is authorized to operate under article forty-four of the public health law or article forty-three of the insurance law and provides or arranges, directly or indirectly (including by referral) for covered comprehensive health services on a full capitation basis, including a special needs managed care plan or comprehensive HIV special needs plan; or

(ii) is authorized as a partially capitated program pursuant to section three hundred sixty-four-f of this title or section forty-four hundred three-e of the public health law or section 1915b of the social security act[~~.~~]**; or**

(iii) is an accountable care organization under article twenty-nine-E of the public health law.

§ 3. This act shall take effect one hundred eighty days after it shall have become a law; provided, that the amendments to subparagraphs (ii) and (iii) of paragraph (b) of section 364-j of the social services law made by section one of this act shall be subject to the expiration and reversion and repeal of such subparagraphs when upon such date the provisions of section two of this act shall take effect; and provided further that the amendments to section 364-j of the social services law made by this act shall be subject to the expiration and repeal of such section and shall expire and be deemed repealed therewith. Effective immediately, the commissioner of health shall make regulations and take other actions reasonably necessary to implement this act on that date.