

STATE OF NEW YORK

9019--A

IN ASSEMBLY

February 5, 2024

Introduced by M. of A. WOERNER, THIELE, GLICK, McDONALD, BICHOTTE HERME-
LYN -- read once and referred to the Committee on Insurance -- commit-
tee discharged, bill amended, ordered reprinted as amended and recom-
mitted to said committee

AN ACT to amend the insurance law and the public health law, in relation
to required terms for certain insurance contracts

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

1 Section 1. Paragraph 3 of subsection (e) of section 3217-b of the
2 insurance law, as added by chapter 586 of the laws of 1998, is amended
3 and three new paragraphs 3-a, 3-b and 3-c are added to read as follows:

4 (3) a description of the records or information relied upon to calcu-
5 late any such payments and adjustments, including the date of service,
6 patient identification number, an identification of the service for
7 which the payment is made, the reimbursement paid by the insurer for the
8 service, and a description of how the provider can access a summary of
9 such calculations and adjustments;

10 (3-a) the permissible payment methods as check, direct deposit, debit
11 or credit card or online payment system, provided the health care
12 provider can access the payment in full, without encumbrances, costs,
13 charges, or fees, including a fee for replacement of a lost or stolen
14 check, under at least one payment method offered by the insurer;

15 (3-b) the advance written consent of a provider to the insurer for the
16 method of payment and to directly pay or deposit payments in a bank or
17 other financial institution of the provider's choosing;

18 (3-c) the insurer's annual obligation, beginning on the effective date
19 of this paragraph and continuing every first of January thereafter, to
20 provide the health care provider with an updated payment rate schedule;

21 § 2. Paragraph 3 of subsection (e) of section 4325 of the insurance
22 law, as added by chapter 586 of the laws of 1998, is amended and three
23 new paragraphs 3-a, 3-b and 3-c are added to read as follows:

24 (3) a description of the records or information relied upon to calcu-
25 late any such payments and adjustments, including the date of service,
26 patient identification number, an identification of the service for

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

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1 which the payment is made, the reimbursement paid by the corporation for
2 the service, and a description of how the provider can access a summary
3 of such calculations and adjustments;

4 (3-a) the permissible payment methods as check, direct deposit, debit
5 or credit card or online payment system, provided the health care
6 provider can access the payment in full, without encumbrances, costs,
7 charges, or fees, including a fee for replacement of a lost or stolen
8 check, under at least one payment method offered by the corporation;

9 (3-b) the advance written consent of a provider to the corporation for
10 the method of payment and to directly pay or deposit payments in a bank
11 or other financial institution of the provider's choosing;

12 (3-c) the corporation's annual obligation, beginning on the effective
13 date of this paragraph and continuing every first of January thereafter,
14 to provide the health care provider with an updated payment rate sched-
15 ule, including a description of any services bundled within a single
16 rate;

17 § 3. Paragraph (c) of subdivision 5-a of section 4406-c of the public
18 health law, as added by chapter 586 of the laws of 1998, is amended and
19 three new paragraphs (c-1), (c-2) and (c-3) are added to read as
20 follows:

21 (c) a description of the records or information relied upon to calcu-
22 late any such payments and adjustments, including the date of service,
23 patient identification number, an identification of the service for
24 which the payment is made, the reimbursement paid by the health care
25 plan for the service, and a description of how the provider can access a
26 summary of such calculations and adjustments;

27 (c-1) the permissible payment methods as check, direct deposit, debit
28 or credit card or online payment system, provided the health care
29 provider can access the payment in full, without encumbrances, costs
30 charges, or fees, including a fee for replacement of a lost or stolen
31 check, under at least one payment method offered by the health care
32 plan;

33 (c-2) the advance written consent of a provider to the health care
34 plan for the method of payment and to directly pay or deposit payments
35 in a bank or other financial institution of the provider's choosing;

36 (c-3) the health care plan's annual obligation, beginning on the
37 effective date of this paragraph and continuing every first of January
38 thereafter, to provide the health care provider with an updated payment
39 rate schedule, including a description of any services bundled within a
40 single rate;

41 § 4. This act shall take effect on the thirtieth day after it shall
42 have become a law and shall apply to all contracts entered into,
43 renewed, modified or amended on or after such effective date.