



**Proposal for Rate Parity between Medicaid & Commercial Coverage
for Behavioral Health Services In and Out of Network**

Amend SFY 2024 Executive Budget Bill (HMH Article VII S4007/A3007), Part II, Subpart F re:
Network Adequacy as follows:

Part II, Subpart F, Section 1:

Amend (D) in new Subsection (a) (2) which amends Subsection (a) of 3241 of insurance law to read as follows:

(D) responsibilities of an insurer to provide an out-of-network referral at the in-network cost-sharing when there is no participating provider able to provide the requested health care service within the timely and proximate access standards established by regulation and a non-participating provider is able to meet such standards: and, where the non-participating provider is a facility licensed, operated, or otherwise authorized by the office of mental health or the office of addiction services and supports, the insurer shall reimburse the facility at a rate negotiated between the insurer and facility, ~~or in the absence of a negotiated rate, an amount~~ which shall be no less than the rate that would be paid for such services pursuant to the medical assistance program under title eleven of article five of the social services law.

ADD a new (E) to new Subsection (a) (2) which amends Subsection (a) of 3241 of insurance law to read as follows:

(E) requirements for an insurer to reimburse in network, participating providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law for ambulatory behavioral health services provided to its insureds, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department of health or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services

provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Insurers and in network, participating providers may negotiate different rates and methods of payments, however insurers shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.

Part II, Subpart F, Section 2:

Amend (iv) of new Paragraph (d) added to Subdivision 5 of section 4403 of the public health law to read as follows:

(iv) responsibilities of an organization to provide an out-of-network referral at the in-network cost-sharing when there is no participating provider able to provide the requested health care service within the timely and proximate access standards established by regulation and a non-participating provider is able to meet such standards: and, where the non-participating provider is a facility licensed, operated, or otherwise authorized by the office of mental health or the office of addiction services and supports, the organization shall reimburse the facility at a rate negotiated between the organization and facility ~~or, in the absence of a negotiated rate, an amount~~ which shall be no less than the rate that would be paid for such services pursuant to the medical assistance program under title eleven of article five of the social services law.

ADD a new (v) to new Paragraph (d) added to Subdivision 5 of section 4403 of the public health law to read as follows:

(v) requirements for an organization to reimburse in network, participating providers licensed pursuant to article 28 of the public health law or article 31 or 32 of the mental hygiene law for ambulatory behavioral health services provided to its enrollees, at a minimum, at a rate equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology at the time of service, utilized by the department of health or by the office of mental health or offices of addiction services and supports for rate-setting purposes for ambulatory behavioral health services provided to enrollees in the medical assistance program under title eleven of article five of the social services law. Organizations and in network, participating providers may negotiate different rates and methods of payments, however organizations shall pay no less than the equivalent of rates that would be paid for ambulatory behavioral health services pursuant to the medical assistance program under title eleven of article five of the social services law.