



Legislation Text

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Int. No. 94

By The Speaker (Council Member Miller) and Council Members Quinn, Boyland, Nelson, Reed, Brewer, Comrie, DeBlasio, Gerson, Jackson, Martinez, Rivera, Seabrook, Sears, Stewart and Weprin; also Council Members Addabbo and Gennaro

A Local Law to amend the administrative code of the city of New York, in relation to requiring the distribution of an annual health plan report card to city employees and retirees.

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is hereby amended by the addition of a new section 17-184 to read as follows:

§ 17-184 Annual health plan report card. a. When used in this section:

1. “Health maintenance organization” (HMO) shall mean an organization that provides managed, pre-paid hospital and medical services to its members as defined by article 44 of the state public health law.

2. “Participating provider organization” (PPO) shall mean an organization which contracts with health care providers who agree to accept a negotiated lower payment from the health plan, with copayments from the subscribers, as payment in full for medical services.

3. “Point-of-service plan provider” (POS) shall mean a health care provider which allows the subscriber to either use a network provider and have prepaid comprehensive coverage and minimal out-of-pocket costs for services or use an out-of-network provider and have less comprehensive coverage and be subject to deductibles and coinsurance.

4. “Medicare plan provider” shall mean a medicare supplemental plan provider offering coverage pursuant to Title XVIII of the Social Security Act which provides health insurance for persons over age 65, and shall include a medicare health maintenance organization provider.

b. The New York city department of health shall require that each health maintenance organization, participating provider organization (PPO), point of service plan provider (POS) and medicare plan provider offering health insurance coverage or services to employees and retirees of the city of New York provide to the department on or before the first day of March of each year information in relation to its performance and the effectiveness of care provided to city employees and retirees.

c. The department shall also compile statistics on the enrollment and disenrollment of city employees and retirees in the various health plans and conduct enrollee satisfaction surveys each year of city employee and retiree health care subscribers and compile grievance and appeals data.

d. The department shall use information and data gathered pursuant to subdivisions b and c of this section, in addition to any enrollee satisfaction surveys supplied to it by any person, agency, organization or governmental unit, to develop a health plan report card, providing a comparative evaluation of the services provided by each health maintenance organization, participating provider organization (PPO), point of service plan provider (POS) and medicare plan provider required to submit information to the department pursuant to this section.

e. On or before the first day of August of each year, the department shall issue a health plan report card. Such health plan report card shall be prepared in English and Spanish and such other languages as the department shall deem to be necessary and appropriate. The report card shall include:

1. An explanation of the types of health care plans available to city employees and retirees including health maintenance organizations, participating provider organizations (PPO), point of service plan providers (POS) and medicare plans.

2. Information to aid and assist city employees in making enrollment decisions when selecting a health benefit plan, including but not limited to:

(i) enrollment and disenrollment data;

(ii) grievance and appeals data on each health plan, including but not limited to the average length

of time to adjudicate a grievance and appeal;

(iii) the use of health care services, including but not limited to requirements in relation to the use of primary care physicians;

(iv) premium costs and co-payments and prescription drug information;

(v) enrollee satisfaction surveys;

(vi) quality of care indicators and outcome based data;

(vii) administrative and financial reporting statements;

(viii) the availability of screening tests for diseases, including but not limited to breast and prostate cancers and similar diseases where early detection increases survival rates; and

(ix) accreditation by third-party, not-for-profit organizations.

3. Information on determining how to assess quality of coverage and services provided in a health care plan and how to make the provided statistics useful in choosing a health plan.

4. The legal and administrative rights of employees and retirees as health care consumers, including but not limited to how to file a grievance, information on the appeals process and legal rights available if there is a denial of benefits.

f. The department shall submit such health plan report cards to the city's office of labor relations, office of employee benefits, which shall include such report cards in materials that are annually disseminated during the period established by the city for its employees and retirees to transfer between or otherwise enroll in a health insurance plan.

g. The department shall promulgate such rules as may be necessary for the purpose of implementing and carrying out the provisions of this section, within one hundred and twenty days of the effective date of the local law that added this section.

§2. This local law shall take effect immediately.