

## CHAPTER 234

AN ACT concerning Medicaid managed care organizations and supplementing Title 30 of the Revised Statutes.

**BE IT ENACTED** *by the Senate and General Assembly of the State of New Jersey:*

C.30:4D-7m Certain HMOs, changes in certain reimbursement rates; procedure.

1. Notwithstanding any law, rule, or regulation to the contrary, a health maintenance organization that contracts with the Division of Medical Assistance and Health Services in the Department of Human Services to provide benefits under a managed care plan to persons who are eligible for Medicaid shall not reduce reimbursement rates for personal care assistant services or home based supportive care services, as those services are defined by regulation or in the contract with the division, under the health maintenance organization's Medicaid managed care plan, unless the health maintenance organization notifies the division, in writing, at least 90 days before the effective date of such changes. Such notice shall be accompanied by written assurance that the reduction will not reduce sufficient provider access or quality of service as required by the contract with the division.

2. This act shall take effect immediately, and shall apply to any contract that a health maintenance organization has entered into with the Division of Medical Assistance and Health Services in the Department of Human Services to provide benefits under a managed care plan to persons who are eligible for medical assistance under P.L.1968, c.413 (C.30:4D-1 et seq.) which is executed on or after the effective date of this act .

Approved January 19, 2016.