

S T A T E O F N E W Y O R K

4522--A

2011-2012 Regular Sessions

I N A S S E M B L Y

February 4, 2011

Introduced by M. of A. BING, MAGNARELLI, GUNTHER, CLARK, JAFFEE, GALEF, CASTRO, SCHIMEL, N. RIVERA, PERRY -- Multi-Sponsored by -- M. of A. COOK, GLICK, GOTTFRIED, MAGEE, M. MILLER, PAULIN, PHEFFER, RAI, SPANO, SWEENEY, WEISENBERG -- read once and referred to the Committee on Insurance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to overpayments to health care providers

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Subsection (b) of section 3224-b of the insurance law is
2 amended by adding a new paragraph 2-a to read as follows:
3 (2-A) IF A HEALTH CARE PLAN ALLEGES FRAUD OR OTHER INTENTIONAL MISCON-
4 DUCT, OR ABUSIVE BILLING TO SEEK RECOVERY OF AN OVERPAYMENT PURSUANT TO
5 PARAGRAPH TWO OF THIS SUBSECTION MORE THAN TWENTY-FOUR MONTHS AFTER THE
6 ORIGINAL PAYMENT WAS RECEIVED BY THE HEALTH CARE PROVIDER, AND IT IS
7 FOUND THAT SUCH PAYMENT OR PAYMENTS IN DISPUTE WERE NOT THE RESULT OF
8 FRAUD OR OTHER INTENTIONAL MISCONDUCT OR ABUSIVE BILLING, SUCH HEALTH
9 CARE PLAN SHALL BE RESPONSIBLE FOR THE REASONABLE LEGAL AND OTHER EXPERT
10 FEES OF THE HEALTH CARE PROVIDER CONNECTED WITH THE DEFENSE OF THE ALLE-
11 GATIONS THAT THERE WAS AN OVERPAYMENT. THE DEPARTMENT SHALL FINE ANY
12 HEALTH CARE PLAN FOUND TO HAVE KNOWINGLY, WILLFULLY OR RECKLESSLY MADE
13 FALSE CHARGES UNDER THIS SECTION IN AN AMOUNT OF UP TO FIVE THOUSAND
14 DOLLARS PER PAYMENT THAT IS FALSELY CHARGED TO HAVE BEEN THE RESULT OF
15 FRAUD OR OTHER INTENTIONAL MISCONDUCT OR ABUSIVE BILLING.
16 S 2. This act shall take effect immediately.

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

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