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

5245

2011-2012 Regular Sessions

I N A S S E M B L Y

February 14, 2011

Introduced by M. of A. P. RIVERA -- read once and referred to the Committee on Insurance

AN ACT to amend the social services law, the insurance law, and the public health law, in relation to filing requirements for medical assistance program claims and HMO claims, payment of claims for medical care or services, electronic remittance advices, HMO credentialing for health care professionals, and establishing HMO reporting requirements

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

Section 1. Subdivision 2 of section 363-a of the social services law, as amended by chapter 474 of the laws of 1996, is amended to read as follows:

2. The department of health shall make such regulations, not inconsistent with law, as may be necessary to implement this title, PROVIDED THAT NO SUCH REGULATIONS SHALL PROVIDE THAT AN OTHERWISE VALID CLAIM FOR MEDICAL CARE, SERVICES OR SUPPLIES PURSUANT TO THE PROVISIONS OF THIS TITLE, SHALL BE DEEMED INVALID AND THUS INELIGIBLE FOR PAYMENT BASED SOLELY UPON THE FAILURE OF SUCH CLAIM TO BE SUBMITTED WITHIN NINETY DAYS OF THE DATE OF SERVICE.

S 2. Section 3216 of the insurance law is amended by adding a new subsection (m) to read as follows:

(M) NO INSURER SHALL DENY COMPENSATION TO A PARTICIPATING PROVIDER THAT IS NOT LISTED AS A PATIENT'S PRIMARY CARE PHYSICIAN, BUT HAS RENDERED MEDICAL CARE, SERVICES OR SUPPLIES TO AN INSURED.

S 3. Section 3221 of the insurance law is amended by adding a new subsection (s) to read as follows:

(S) NO INSURER SHALL DENY COMPENSATION TO A PARTICIPATING PROVIDER THAT IS NOT LISTED AS A PATIENT'S PRIMARY CARE PHYSICIAN, BUT HAS RENDERED MEDICAL CARE, SERVICES OR SUPPLIES TO AN INSURED.

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

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S 4. Section 4303 of the insurance law is amended by adding a new subsection (hh) to read as follows:

(HH) NO HOSPITAL SERVICE CORPORATION, HEALTH SERVICE CORPORATION, MEDICAL EXPENSE INDEMNITY CORPORATION, OR OTHER INSURER WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL OR MEDICAL CARE SHALL DENY COMPENSATION TO A PARTICIPATING PROVIDER THAT IS NOT LISTED AS A PATIENT'S PRIMARY CARE PHYSICIAN, BUT HAS RENDERED MEDICAL CARE, SERVICES OR SUPPLIES TO AN INSURED.

S 5. Subdivision 1 of section 2807-p of the public health law is amended by adding a new paragraph (e) to read as follows:

(E) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, IF A FACILITY HAS MADE A GOOD FAITH EFFORT TO COMPLY WITH THE REPORTING REQUIREMENTS SET FORTH IN THIS SECTION, AND FAILS TO SUBMIT SUCH REPORTS OR DATA BY THE ESTABLISHED DEADLINE, SUCH FACILITY SHALL NOT BE SUBJECT TO FINANCIAL PENALTY, INCLUDING A DELAY OR DISQUALIFICATION OF FINANCIAL DISTRIBUTIONS, BASED SOLELY UPON SUCH FAILURE TO SUBMIT SUCH REPORTS OR DATA.

S 6. The public health law is amended by adding a new section 4408-b to read as follows:

S 4408-B. ELECTRONIC REMITTANCE ADVICES. NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, UPON RECEIVING AN ELECTRONIC CLAIM FOR COVERAGE OF A PROCEDURE, TREATMENT, SUPPLY OR SERVICE, OR ANY INFORMATION PERTAINING TO SUCH CLAIM VIA ELECTRONIC METHOD, A HEALTH MAINTENANCE ORGANIZATION LICENSED PURSUANT TO ARTICLE FORTY-THREE OF THE INSURANCE LAW OR CERTIFIED PURSUANT TO THIS ARTICLE, SHALL PROVIDE ELECTRONIC REMITTANCE ADVICES TO THE ENROLLEE, THE HEALTH CARE PROVIDER AND TO ANY NECESSARY PARTIES INVOLVED WITH SUCH CLAIM. FOR THE PURPOSES OF THIS SECTION, "ELECTRONIC REMITTANCE ADVICE" SHALL MEAN AN ELECTRONIC VERSION OF SUCH INFORMATION, AS DESCRIBED IN SECTION FOUR THOUSAND FOUR HUNDRED EIGHT OF THIS ARTICLE, AND AN EXPLANATION OF ALL DETAILS CONCERNING A HEALTH MAINTENANCE ORGANIZATION'S PAYMENT OR DENIAL OF A CLAIM.

S 7. Subdivision 1 of section 4406-d of the public health law is amended by adding a new paragraph (c) to read as follows:

(C) IF THE COMPLETED APPLICATION OF A HEALTH CARE PROFESSIONAL WHO IS: (I) IN COMPLIANCE WITH THE PROVISIONS OF ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, AND (II) IN COMPLIANCE AND IN GOOD STANDING WITH ELIGIBILITY REQUIREMENTS SET FORTH BY THE MEDICAL ASSISTANCE PROGRAM CONCERNING A HEALTH CARE PROFESSIONAL'S PARTICIPATION AS A MEDICAL ASSISTANCE PROVIDER, THE HEALTH CARE PROFESSIONAL SHALL BE ALLOWED TO PROVIDE MEDICAL CARE OR SERVICE AND SUBMIT CLAIMS REGARDING SUCH MEDICAL CARE OR SERVICE PROVIDED TO ENROLLEES PARTICIPATING IN THE MEDICAL ASSISTANCE PROGRAM.

S 8. Section 2511 of the public health law is amended by adding a new subdivision 21 to read as follows:

21. NOTWITHSTANDING ANY OTHER LAW OR AGREEMENT TO THE CONTRARY, IF A HEALTH CARE PROVIDER OR HEALTH CARE CENTER PROVIDES MEDICAL CARE, SERVICES OR SUPPLIES TO AN ENROLLEE OF A HEALTH MAINTENANCE ORGANIZATION, SUCH PROVIDER SHALL BE ENTITLED TO SUBMIT A CLAIM TO THE HEALTH MAINTENANCE ORGANIZATION FOR PAYMENT FOR SUCH MEDICAL CARE OR SERVICES AND FOR PAYMENT OF ANY "BUDGET BALANCE ACT" (BBA) OR CHILD HEALTH PLUS (CHIP) SUBSIDY PAYMENT AMOUNTS ENTITLED TO SUCH PROVIDER. IF SUCH CLAIM IS SUBSEQUENTLY DENIED BY THE APPROPRIATE ORGANIZATION, THE PROVIDER SHALL BE ENTITLED TO PAYMENT FOR SUCH MEDICAL CARE OR SERVICES, PROVIDED THAT THE PATIENT WAS AN ACTIVE PARTICIPANT OF A HEALTH INSURANCE PROGRAM FUNDED BY THE DEPARTMENT AND THE MEDICAL CARE OR SERVICES FURNISHED BY SUCH PROVIDER WERE VALID.

S 9. Section 4408 of the public health law is amended by adding two new subdivisions 7 and 8 to read as follows:

7. EVERY THIRTY DAYS, A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE TO ALL HEALTH CARE PROVIDERS OR HEALTH CARE CENTERS TO WHOM THEIR ENROLLEES SEEK MEDICAL CARE OR SERVICE, A REPORT CONTAINING AN EXPLANATION OF CHARGES, PAYMENTS AND THE TOTAL NUMBER OF PATIENTS SERVICED UNDER THE FAMILY HEALTH PLUS PLAN, CHILD HEALTH PLUS PLAN, MEDICARE PROGRAM AND MEDICAID PROGRAM.

8. ALL HEALTH MAINTENANCE ORGANIZATIONS SHALL PROVIDE TO HEALTH CARE PROVIDERS AND HEALTH CARE CENTERS, AN ELECTRONIC PATIENT ROSTER CONTAINING A LIST OF CURRENT ENROLLEES ELIGIBLE TO SEEK MEDICAL TREATMENT OR SERVICES WITH SUCH HEALTH CARE PROVIDER OR AT SUCH HEALTH CARE CENTER.

S 10. This act shall take effect immediately.