

8332--A

2013-2014 Regular Sessions

I N A S S E M B L Y

December 18, 2013

Introduced by M. of A. SEPULVEDA, ROSA, MONTESANO, STECK, TENNEY --
Multi-Sponsored by -- M. of A. MAGEE, PERRY, RIVERA -- read once and
referred to the Committee on Correction -- recommitted to the Commit-
tee on Correction in accordance with Assembly Rule 3, sec. 2 --
committee discharged, bill amended, ordered reprinted as amended and
recommitted to said committee

AN ACT to amend the correction law, in relation to the development and
implementation of automated payment detection, prevention and recovery
solutions to reduce correctional healthcare overpayments, and to
require that private health insurance providers and Medicaid are
billed for eligible inpatient hospital and professional services

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

1 Section 1. Legislative intent. Other states have saved millions of
2 dollars by implementing solutions to eliminate and recover correctional
3 healthcare overpayments and significantly have reduced correctional
4 healthcare costs by billing private health insurance providers and Medi-
5 caid for eligible inpatient healthcare costs. New York can benefit by
6 implementing similar measures. It is the intent of the legislature to
7 implement automated payment detection, prevention and recovery solutions
8 to reduce correctional healthcare overpayments, and to ensure that
9 private insurance companies and Medicaid are billed for eligible inpa-
10 tient hospital and professional services.

11 S 2. The correction law is amended by adding a new section 140-a to
12 read as follows:

13 S 140-A. HEALTHCARE PAYMENTS; BILLING PRIVATE HEALTH INSURANCE AND
14 MEDICAID. 1. UNLESS OTHERWISE STATED, THE PROVISIONS OF THIS SECTION
15 APPLY TO ALL STATE CORRECTIONAL HEALTHCARE SYSTEMS AND SERVICES AND
16 STATE CONTRACTED MANAGED CORRECTIONAL HEALTHCARE SERVICES.

17 2. THE DEPARTMENT SHALL IMPLEMENT AUTOMATED PAYMENT DETECTION,
18 PREVENTION, AND RECOVERY PROCEDURES TO ENSURE THAT PRIVATE HEALTH INSUR-

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

LBD13172-02-4

1 ANCE OR MEDICAID IS BILLED FOR ELIGIBLE INPATIENT HOSPITAL AND PROFES-
2 SIONAL HEALTHCARE SERVICES. THESE PROCEDURES MUST INCLUDE, BUT ARE NOT
3 LIMITED TO, CLINICAL CODE EDITING TECHNOLOGY TO FURTHER AUTOMATE CLAIMS
4 RESOLUTION AND ENHANCE COST CONTAINMENT THROUGH IMPROVED CLAIM ACCURACY
5 AND APPROPRIATE CODE CORRECTION. EDITS PERFORMED BY THIS TECHNOLOGY MUST
6 BE APPLIED AUTOMATICALLY BEFORE THE ADJUDICATION OF CLAIMS, AND THIS
7 TECHNOLOGY MUST IDENTIFY AND PREVENT ERRORS AND POTENTIAL OVERBILLING
8 BASED ON WIDELY ACCEPTED PROTOCOLS, SUCH AS THOSE USED BY THE AMERICAN
9 MEDICAL ASSOCIATION AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

10 3. THE DEPARTMENT SHALL IMPLEMENT CORRECTIONAL HEALTHCARE CLAIMS AUDIT
11 AND RECOVERY PROCEDURES TO IDENTIFY IMPROPER PAYMENTS MADE DUE TO
12 NON-FRAUDULENT ISSUES. PROCEDURES THAT MUST BE IMPLEMENTED INCLUDE, BUT
13 ARE NOT LIMITED TO, OBTAINING PROVIDER SIGN-OFF ON AUDIT RESULTS AND
14 CONDUCTING POST PAYMENT REVIEWS TO ENSURE THAT THE DIAGNOSES AND PROCE-
15 DURE CODES ARE ACCURATE AND VALID BASED ON SUPPORTING PHYSICIAN DOCUMEN-
16 TATION WITHIN THE MEDICAL RECORDS. CORE CATEGORIES OF REVIEWS MAY
17 INCLUDE, BUT ARE NOT LIMITED TO, CODING COMPLIANCE DIAGNOSIS RELATED
18 GROUP (DRG) REVIEWS, TRANSFERS, READMISSIONS, COST OUTLIER REVIEWS,
19 OUTPATIENT SEVENTY-TWO-HOUR RULE REVIEWS, PAYMENT ERRORS, AND BILLING.

20 4. THE DEPARTMENT MAY CONTRACT TO HAVE SERVICES PERFORMED TO CARRY OUT
21 THE REQUIREMENTS OF THIS SECTION, AND THE SAVINGS GENERATED BY THE
22 PERFORMANCE OF THESE SERVICES MUST BE USED FOR THE OPERATION AND ADMIN-
23 ISTRATION OF THIS SECTION, INCLUDING SECURING THE TECHNOLOGY SERVICES
24 REQUIRED BY THIS SECTION. TO FURTHER ACHIEVE THESE SAVINGS, CONTRACTOR
25 REIMBURSEMENT MAY BE BASED UPON A PERCENTAGE OF AN ACHIEVED SAVINGS
26 MODEL, A PER BENEFICIARY PER MONTH MODEL, A PER TRANSACTION MODEL, A
27 CASE-RATE MODEL, OR ANY COMBINATION OF THESE MODELS. CONTRACTOR
28 REIMBURSEMENT MODELS ALSO MAY INCLUDE PERFORMANCE GUARANTEES OF THE
29 CONTRACTOR TO ENSURE SAVINGS IDENTIFIED EXCEED PROGRAM COSTS.

30 S 3. This act shall take effect on the first of January next succeed-
31 ing the date on which it shall become a law.