

8172

2015-2016 Regular Sessions

I N A S S E M B L Y

June 10, 2015

Introduced by M. of A. MORELLE -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to claims for payment furnished by providers under the medical assistance program

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

1 Section 1. Section 367-b of the social services law is amended by
2 adding a new subdivision 15 to read as follows:
3 15. (A) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, CLAIMS FOR PAYMENT
4 FOR MEDICAL CARE, SERVICES OR SUPPLIES FURNISHED BY ANY PROVIDER UNDER
5 THE MEDICAL ASSISTANCE PROGRAM MUST BE INITIALLY SUBMITTED WITHIN NINETY
6 DAYS OF THE DATE THE MEDICAL CARE, SERVICES OR SUPPLIES WERE FURNISHED
7 TO AN ELIGIBLE PERSON TO BE VALID AND ENFORCEABLE AGAINST THE DEPARTMENT
8 OR A SOCIAL SERVICES DISTRICT, UNLESS THE PROVIDER'S SUBMISSION OF THE
9 CLAIMS IS DELAYED BEYOND NINETY DAYS DUE TO CIRCUMSTANCES OUTSIDE OF THE
10 CONTROL OF THE PROVIDER. SUCH CIRCUMSTANCES INCLUDE, BUT ARE NOT LIMITED
11 TO, ATTEMPTS TO RECOVER FROM A THIRD-PARTY INSURER, LEGAL PROCEEDINGS
12 AGAINST A RESPONSIBLE THIRD-PARTY OR THE RECIPIENT OF THE MEDICAL CARE,
13 SERVICES OR SUPPLIES, AN UNFORESEEABLE COMPUTER OR SYSTEMS MALFUNCTION
14 WHICH, IN THE JUDGMENT OF THE DEPARTMENT, IMPACTED THE SUBMISSION OF A
15 SIGNIFICANT NUMBER OF CLAIMS AND WAS UNKNOWN TO THE PROVIDER PRIOR TO
16 THE EXPIRATION OF THE NINETY DAY TIME PERIOD, OR DELAYS IN THE DETERMI-
17 NATION OF CLIENT ELIGIBILITY BY THE SOCIAL SERVICES DISTRICT. ALL CLAIMS
18 SUBMITTED AFTER NINETY DAYS MUST BE ACCOMPANIED BY A STATEMENT OF THE
19 REASON FOR SUCH DELAY AND MUST BE SUBMITTED WITHIN THIRTY DAYS FROM THE
20 TIME SUBMISSION CAME WITHIN THE CONTROL OF THE PROVIDER, SUBJECT TO THE
21 LIMITATIONS OF PARAGRAPH (C) OF THIS SUBDIVISION.
22 (B) ANY CLAIM RETURNED TO A PROVIDER DUE TO DATA INSUFFICIENCY OR
23 CLAIMING ERRORS MAY BE RESUBMITTED BY THE PROVIDER UPON PROPER
24 COMPLETION OF THE CLAIM IN ACCORDANCE WITH THE CLAIMS PROCESSING
25 REQUIREMENTS OF THE DEPARTMENT WITHIN SIXTY DAYS OF THE DATE OF THE

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

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1 NOTIFICATION TO THE PROVIDER ADVISING THE PROVIDER OF SUCH INSUFFICIENCY
2 OR INVALIDITY. ANY RETURNED CLAIM NOT CORRECTLY RESUBMITTED WITHIN SIXTY
3 DAYS OR ON THE SECOND RESUBMISSION IS NEITHER VALID NOR ENFORCEABLE
4 AGAINST THE DEPARTMENT OR A SOCIAL SERVICES DISTRICT.

5 (C) NOTWITHSTANDING PARAGRAPHS (A) AND (B) OF THIS SUBDIVISION TO THE
6 CONTRARY:

7 (I) ALL CLAIMS FOR PAYMENT FOR MEDICAL CARE, SERVICES OR SUPPLIES
8 FURNISHED BY NON-PUBLIC PROVIDERS UNDER THE MEDICAL ASSISTANCE PROGRAM
9 MUST BE FINALLY SUBMITTED TO THE DEPARTMENT OR ITS FISCAL AGENT AND BE
10 PAYABLE WITHIN TWO YEARS FROM THE DATE THE CARE, SERVICES OR SUPPLIES
11 WERE FURNISHED IN ORDER TO BE VALID AND ENFORCEABLE AS AGAINST THE
12 DEPARTMENT OR A SOCIAL SERVICES DISTRICT; AND

13 (II) ALL CLAIMS FOR PAYMENT FOR MEDICAL CARE, SERVICES OR SUPPLIES
14 FURNISHED BY PUBLIC PROVIDERS MUST BE FINALLY SUBMITTED TO THE DEPART-
15 MENT OR ITS FISCAL AGENT AND BE PAYABLE WITHIN TWO YEARS FROM THE DATE
16 THE CARE, SERVICES OR SUPPLIES WERE FURNISHED (OR WITHIN SUCH OTHER
17 PERIOD AS AGREED BY THE DEPARTMENT AND THE PUBLIC PROVIDER FOR PAYMENTS
18 INITIALLY MADE BY THE PUBLIC PROVIDER UNDER A PROGRAM OTHER THAN THE
19 MEDICAL ASSISTANCE PROGRAM) IN ORDER TO BE VALID AND ENFORCEABLE AS
20 AGAINST THE DEPARTMENT OR A SOCIAL SERVICES DISTRICT.

21 (D) FOR PURPOSES OF THIS SUBDIVISION, A CLAIM IS CONSIDERED SUBMITTED
22 UPON ITS RECEIPT BY THE DEPARTMENT OR ITS FISCAL AGENT.

23 S 2. This act shall take effect immediately and shall apply to all
24 provider claims that were the subject of an appeal or department of
25 health review on or after January 1, 2015.