

5883

2015-2016 Regular Sessions

I N S E N A T E

June 10, 2015

Introduced by Sen. ROBACH -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

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.