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

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:

Section 1. Section 367-b of the social services law is amended by adding a new subdivision 15 to read as follows:

15. (A) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, CLAIMS FOR PAYMENT FOR MEDICAL CARE, SERVICES OR SUPPLIES FURNISHED BY ANY PROVIDER UNDER THE MEDICAL ASSISTANCE PROGRAM MUST BE INITIALLY SUBMITTED WITHIN NINETY DAYS OF THE DATE THE MEDICAL CARE, SERVICES OR SUPPLIES WERE FURNISHED TO AN ELIGIBLE PERSON TO BE VALID AND ENFORCEABLE AGAINST THE DEPARTMENT OR A SOCIAL SERVICES DISTRICT, UNLESS THE PROVIDER'S SUBMISSION OF THE CLAIMS IS DELAYED BEYOND NINETY DAYS DUE TO CIRCUMSTANCES OUTSIDE OF THE CONTROL OF THE PROVIDER. SUCH CIRCUMSTANCES INCLUDE, BUT ARE NOT LIMITED TO, ATTEMPTS TO RECOVER FROM A THIRD-PARTY INSURER, LEGAL PROCEEDINGS AGAINST A RESPONSIBLE THIRD-PARTY OR THE RECIPIENT OF THE MEDICAL CARE, SERVICES OR SUPPLIES, AN UNFORESEEABLE COMPUTER OR SYSTEMS MALFUNCTION WHICH, IN THE JUDGMENT OF THE DEPARTMENT, IMPACTED THE SUBMISSION OF A SIGNIFICANT NUMBER OF CLAIMS AND WAS UNKNOWN TO THE PROVIDER PRIOR TO THE EXPIRATION OF THE NINETY DAY TIME PERIOD, OR DELAYS IN THE DETERMINATION OF CLIENT ELIGIBILITY BY THE SOCIAL SERVICES DISTRICT. ALL CLAIMS SUBMITTED AFTER NINETY DAYS MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR SUCH DELAY AND MUST BE SUBMITTED WITHIN THIRTY DAYS FROM THE TIME SUBMISSION CAME WITHIN THE CONTROL OF THE PROVIDER, SUBJECT TO THE LIMITATIONS OF PARAGRAPH (C) OF THIS SUBDIVISION.

(B) ANY CLAIM RETURNED TO A PROVIDER DUE TO DATA INSUFFICIENCY OR CLAIMING ERRORS MAY BE RESUBMITTED BY THE PROVIDER UPON PROPER COMPLETION OF THE CLAIM IN ACCORDANCE WITH THE CLAIMS PROCESSING 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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NOTIFICATION TO THE PROVIDER ADVISING THE PROVIDER OF SUCH INSUFFICIENCY OR INVALIDITY. ANY RETURNED CLAIM NOT CORRECTLY RESUBMITTED WITHIN SIXTY DAYS OR ON THE SECOND RESUBMISSION IS NEITHER VALID NOR ENFORCEABLE AGAINST THE DEPARTMENT OR A SOCIAL SERVICES DISTRICT.

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

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

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

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

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