§ 366-e. Certified home health agency medicare billing. (a) Certified home health agencies shall bill under title XVIII of the federal social security act for services provided to all patients eligible for such program who, as defined by federal law and regulations, are: (i) homebound; (ii) receiving skilled services; and (iii) are receiving such services on an intermittent basis. The department, in consultation with the department of health and representatives of certified home health agencies with demonstrated ability to maximize medicare revenue, may promulgate regulations to implement this subdivision. Nothing contained herein shall be construed to prohibit agencies from billing for medical assistance reimbursement for eligible services provided to such patients which are not covered under title XVIII of the federal social security act meeting the standards established by the department pursuant to this section. Patient cases that meet the criteria established pursuant to this subdivision, where coverage has been denied under title XVIII of the federal social security act for the cost of care provided by a certified home health agency shall be referred by such agency to an organization pursuant to subdivision (b) of this section.

(b) The commissioner shall enter into agreements with persons or entities to provide for representation of persons meeting the criteria specified in subdivision (a) of this section who have been denied reimbursement, under title XVIII of the federal social security act, for services provided by a certified home health agency.