



General Assembly

January Session, 2019

Raised Bill No. 836

LCO No. 4010



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

***AN ACT HOLDING HARMLESS MEDICAID CLIENTS AND PROVIDERS
AFFECTED BY AGENCY COMPUTER ERRORS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (5) of subsection (d) of section 17b-99 of the
2 general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective July 1, 2019*):

4 (5) In conducting any audit pursuant to this subsection, the
5 commissioner, or any entity with which the commissioner contracts to
6 conduct such audit, shall accept (A) as sufficient proof of a written
7 order: A photocopy, facsimile image, an electronically maintained
8 document or original pen and ink document, and (B) as sufficient
9 proof of delivery of a covered item or service: A receipt signed by the
10 recipient of medical assistance or a nursing facility representative or, in
11 the case of delivery of a covered item or service by a shipping or
12 delivery service, a supplier's detailed shipping invoice and the
13 delivery service tracking information substantiating delivery. The
14 commissioner, or any entity with which the commissioner contracts to
15 conduct such audit, may seek additional documentation in

16 circumstances including, but not limited to: (i) The proof provided is
 17 insufficiently legible, (ii) the proof provided is contradicted by other
 18 sources of information reviewed in the audit, or (iii) the commissioner,
 19 or any entity with which the commissioner contracts to conduct such
 20 audit, makes a good faith determination that the provider may be
 21 engaging in vendor fraud. A provider, in complying with the
 22 requirements of any such audit, shall be allowed not less than thirty
 23 days to provide documentation in connection with any discrepancy
 24 discovered and brought to the attention of such provider in the course
 25 of any such audit. Such documentation may include evidence that
 26 errors concerning payment and billing resulted from (I) a provider's
 27 transition to a new payment or billing service or accounting system, or
 28 (II) the implementation of any new computer system by the
 29 Department of Social Services. The commissioner shall not calculate an
 30 overpayment based on extrapolation or attempt to recover such
 31 extrapolated overpayment when the provider presents credible
 32 evidence that an error by the commissioner, or any entity with which
 33 the commissioner contracts to conduct an audit pursuant to this
 34 subsection, caused the overpayment, provided the commissioner may
 35 recover the amount of the original overpayment.

36 Sec. 2. Subsection (a) of section 17b-80 of the general statutes is
 37 repealed and the following is substituted in lieu thereof (*Effective July*
 38 *1, 2019*):

39 (a) The commissioner, upon receipt of an application for aid, shall
 40 promptly and with due diligence make an investigation, such
 41 investigation to be completed within forty-five days after receipt of the
 42 application or within sixty days after receipt of the application in the
 43 case of an application in which a determination of disability must be
 44 made. If an application for an award is not acted on within forty-five
 45 days after the filing of an application, or within sixty days in the case
 46 of an application in which a determination of disability must be made,
 47 the applicant may apply to the commissioner for a hearing in
 48 accordance with sections 17b-60 and 17b-61. The commissioner shall
 49 grant aid only if he finds the applicant eligible therefor, in which case

50 he shall grant aid in such amount, determined in accordance with
51 levels of payments established by the commissioner, as is needed in
52 order to enable the applicant to support himself, or, in the case of
53 temporary family assistance, to enable the relative to support such
54 dependent child or children and himself, in health and decency,
55 including the costs of such medical care as he deems necessary and
56 reasonable, not in excess of the amounts set forth in the various fee
57 schedules promulgated by the Commissioner of Social Services for
58 medical, dental and allied services and supplies or the charges made
59 for comparable services and supplies to the general public, whichever
60 is less, and the cost of necessary hospitalization as is provided in
61 section 17b-239, over and above hospital insurance or other such
62 benefits, including workers' compensation and claims for negligent or
63 wilful injury. The commissioner, subject to the provisions of subsection
64 (b) of this section, shall in determining need, take into consideration
65 any available income and resources of the individual claiming
66 assistance. The commissioner shall make periodic investigations to
67 determine eligibility and may, at any time, modify, suspend or
68 discontinue an award previously made when such action is necessary
69 to carry out the provisions of the state supplement program, medical
70 assistance program, temporary family assistance program, state-
71 administered general assistance program or supplemental nutrition
72 assistance program. Notwithstanding the provisions of this subsection,
73 the commissioner shall not fail to grant assistance nor modify, suspend
74 or discontinue an award previously made when there is credible
75 evidence that the implementation of a new computer system at the
76 Department of Social Services caused delays or errors that prevented
77 an individual from providing timely, accurate information necessary
78 to determine eligibility for assistance. The parent or parents of any
79 child for whom aid is received under the temporary family assistance
80 program and any beneficiary receiving assistance under the state
81 supplement program shall be conclusively presumed to have accepted
82 the provisions of sections 17b-93, 17b-94 and 17b-95.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2019</i>	17b-99(d)(5)
Sec. 2	<i>July 1, 2019</i>	17b-80(a)

Statement of Purpose:

To prohibit penalties against Medicaid providers or clients due to delays or errors caused by the conversion by the Department of Social Services to a new computer system.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]