

House File 2268 - Introduced

HOUSE FILE 2268
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 501)

A BILL FOR

1 An Act relating to limitations on activities related to paid
2 claims under the Medicaid program, and including effective
3 date provisions.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 249A.42B Limitations on activities
2 related to paid claims — resubmission.

3 1. Notwithstanding any provision of law to the contrary,
4 any post-payment review of Medicaid provider claims paid under
5 either Medicaid fee-for-service or managed care administration
6 that do not involve fraud or misrepresentation shall be
7 limited to a review of only those claims for which no more than
8 twenty-four months have elapsed since the date of payment of
9 the claim.

10 2. Additionally, any provider overpayment identified for
11 which twenty-four months or more have elapsed since the date
12 of payment of the claim shall not be subject to repayment or to
13 offset against future reimbursement of claims by the provider.

14 3. The limitations specified in this section shall not apply
15 to retroactive Medicaid cost settlements or rate changes based
16 on a Medicaid or Medicare cost report.

17 4. Any improper payment identified through a review may be
18 resubmitted by the provider as a claims adjustment.

19 Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate
20 importance, takes effect upon enactment.

21 EXPLANATION

22 The inclusion of this explanation does not constitute agreement with
23 the explanation's substance by the members of the general assembly.

24 This bill relates to the limitations on activities related
25 to paid claims under the Medicaid program.

26 The bill provides that notwithstanding any provision of
27 law to the contrary, any post-payment review of Medicaid
28 provider claims paid under either Medicaid fee-for-service
29 or managed care administration that do not involve fraud or
30 misrepresentation shall be limited to a review of only those
31 claims for which no more than 24 months have elapsed since
32 the date of payment of the claim. Additionally, any provider
33 overpayment identified for which 24 months or more have elapsed
34 since the date of payment of the claim shall not be subject
35 to repayment or to offset against future reimbursement of

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1 claims by the provider. Any improper payment identified
2 through a review may be resubmitted by the provider as a claims
3 adjustment.
4 The bill takes effect upon enactment.