

FINAL BILL REPORT

HB 1125

C 103 L 91
Synopsis As Enacted

Brief Description: Changing the billing period to twelve months.

By Representatives Braddock and Orr; by request of Dept. of Social and Health Services.

House Committee on Health Care
House Committee on Appropriations
Senate Committee on Health & Long-Term Care

Background: The Department of Social and Health Services (DSHS) administers the Medical Assistance Program which includes Medicaid. Currently, medical providers are required to submit medical assistance claims to DSHS within 120 days from the date of the service. This limitation is inconsistent with the requirements of private medical insurance carriers and has caused confusion, extra administrative workload, and occasional loss of revenue to medical providers. Potential loss of payments and an increased administrative workload have caused medical providers to limit or eliminate their participation in DSHS's medical assistance program. This has exacerbated the serious problem of obtaining health providers to care for medical assistance recipients.

Summary: The time allowed for medical practitioners to present charges to DSHS has been increased from 120 days to 12 months. Prior written approval of extension is eliminated.

Votes on Final Passage:

House	97	0
Senate	45	0

Effective: July 28, 1991