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## SENATE BILL 5812

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State of Washington 56th Legislature 1999 Regular Session

By Senators Thibaudeau, Deccio, Wojahn, Winsley, Gardner, Prentice and Costa

Read first time 02/10/1999. Referred to Committee on Health & Long-Term Care.

- 1 AN ACT Relating to the prompt payment of health care claims; adding
- 2 a new section to chapter 48.43 RCW; and creating a new section.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 The legislature finds and declares that NEW SECTION. Sec. 1. 5 there is a need for a consistent and enforceable standard for the payment to Washington state health care facilities and health care 6 providers of claims submitted to health plans after health care services are provided to health plan members. The legislature finds 8 that Washington state health care facilities and health care providers 9 10 have experienced mounting delays in reimbursement for services There is evidence that providers are experiencing long 11 12 delays before claims for services rendered are paid, with an average 13 wait of over eighty days for hospital claims. The legislature further 14 finds that the federal health care financing administration has 15 addressed this situation for health plans participating in the medicare program and it is the intent of this act to establish a process that is 16 17 consistent with this standard in addressing the administrative uncertainties and financial solvency of Washington state health care 18 providers and health care facilities. 19

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- NEW SECTION. Sec. 2. A new section is added to chapter 48.43 RCW to read as follows:
  - (1) For the purposes of this section:

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- 4 (a) "Payer" means health plans, health carriers, health care 5 service contractors, hospital service corporations, medical service corporations, health maintenance organizations, disability insurers, 6 7 workers' compensation self-insurers, specialized health care service plans, and fiscal intermediaries for public programs such as medicare 8 9 fee for service, medicare managed care, medicaid healthy options, 10 medicaid fee for service, department of labor and industries, Washington state health care authority, basic health plan, and public 11 employees' benefits board, or other organizations authorized to issue 12 13 health benefits plans in this state. "Payer" does not mean the following plans, policies, or contracts: Accident only, credit 14 15 disability, long-term disability, long-term care, CHAMPUS supplemental coverage, automobile medical payment insurance, or personal injury 16 17 protection insurance.
- (b) "Claim" means a request for payment for health care services that is submitted by a provider to a payer in a written, electronic, or other equivalent format.
- (c) "Clean claim" means the same as the medicare standard set forth in Title XVIII of the Social Security Act, 42 U.S.C. Secs. 1816(c)(2)(B) and 1842(c)(2)(B), including but not limited to an accurately completed uniform billing number 92 or health care financing administration number 1500 or their electronic equivalent or other formats adopted by the national uniform billing committee.
- 27 (d) "Provider" means any health care facility or professional 28 health care practitioner acting within the scope of its licensure or 29 certification.
- 30 (e) "All claims" means claims that are clean and claims that are 31 not clean.
- (2)(a) For covered services rendered to members or enrollees, a payer shall pay providers as soon as practical but subject to the following minimum standards: (a) Clean claims shall be paid within thirty days; and (b) all claims shall be paid or denied within sixty days.
- 37 (b) The date of the claims is when the payer receives written or 38 electronic notice of the claim, in accordance with health care 39 financing administration guidelines. If a payer and provider have

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- 1 agreed in writing to the submission of claims by a specific mode of
- 2 transmission, the payer shall calculate the time period beginning on
- 3 the date that the claim is received in the agreed-upon mode of
- 4 transmission.

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