

SENATE BILL REPORT

HB 1125

AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,
MARCH 28, 1991

Brief Description: Changing the billing period to twelve months.

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

HOUSE COMMITTEE ON HEALTH CARE

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Don Sloma (786-7414)

Hearing Dates: March 27, 1991; March 28, 1991

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 for 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 public 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.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

This bill will reduce paperwork and costs and increase access to health care.

TESTIMONY AGAINST: None

TESTIFIED: Les James, DSHS (pro)