SENATE BILL REPORT

SB 5213

AS PASSED SENATE, MARCH 6, 1991

Brief Description: Changing the billing period to twelve months.

SPONSORS: Senators West and L. Kreidler; by request of Dept. of Social & Health Services.

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: February 5, 1991; February 6, 1991

BACKGROUND:

Currently, medical providers are required to submit medical assistance claims to the Department of Social and Health Services (DSHS) within 120 days from the date of service. DSHS reports this practice creates two problems.

DSHS serves as payer of last resort for medical assistance recipients. When health care providers are uncertain as to recipients insurance, they often bill DSHS to meet the 120 day limit. This often causes excessive paperwork and late payments for DSHS and the health care provider.

In addition, some health care providers limit or eliminate participation in the medical assistance program because of feared administrative burdens. This contributes to reduced access to medical care for recipients.

SUMMARY:

The deadline for submitting charges for eligible medical assistance recipients to DSHS by health care providers is extended from 120 days to 12 months.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

State and health care providers' paperwork will be reduced.

TESTIMONY AGAINST: None

TESTIFIED: PRO: Jeff Graham, DSHS; Susie Tracy, WSMA