

Offered: 4/7/86
Referred: Finance

Original sponsor: DeVries

1 IN THE SENATE BY THE JUDICIARY COMMITTEE
2 CS FOR SENATE BILL NO. 364 (Judiciary)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 FOURTEENTH LEGISLATURE - SECOND SESSION
5 A BILL

6 For an Act entitled: "An Act establishing the criteria for payment by the
7 state of claims for certain medical services."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 44.77 is amended by adding a new section to read:

10 Sec. 44.77.015. CLAIMS FOR MEDICAL SERVICES. (a) For the
11 purposes of filing claims for medical services provided under AS 47.07
12 or 47.25.120 - 47.25.300, "promptly," in AS 44.77.010(a), means (1)
13 within six months after the date of service, or as provided in (b) or
14 (c) of this section, if there is no third-party claim, or (2) within
15 12 months after the date of service if there is a third-party claim.
16 Except as provided in (d) of this section, a claim may not be paid if
17 it is not filed promptly; an inference to the contrary may not be
18 drawn from AS 09.10.050, AS 09.50.250 - 09.50.300, or AS 37.25.010.

19 (b) In accordance with (a) of this section, a claim may be
20 considered to be filed promptly if (1) the claim was filed more than
21 six months after the date of service because the medical provider had
22 reason to believe that the beneficiary was ineligible for service
23 under AS 47.07 or AS 47.25.120 - 47.25.300; (2) a court of competent
24 jurisdiction or an administrative hearing officer finds that the
25 beneficiary was eligible for service under AS 47.07 or AS 47.25.120 -
26 47.25.300 on the date of service; and (3) the claim is filed within
27 six months after the date that the court or administrative hearing
28 officer's final decision is rendered. The beneficiary is responsible
29 for notifying the medical provider of the judicial or administrative

1 finding. If the Department of Health and Social Services has reason
2 to believe that the medical provider is unaware of the judicial or
3 administrative finding, the department shall make a good-faith effort
4 to notify the medical provider of the finding.

5 (c) In accordance with (a) of this section and for good cause
6 shown, the commissioner of health and social services may authorize
7 payment to a medical provider of a claim filed within 12 months after
8 the date of service.

9 (d) The commissioner of health and social services may authorize
10 payment to a medical provider of a claim not promptly filed, upon good
11 cause shown. Payments under this subsection may not exceed 50 percent
12 of the allowable charges presented in the claim.

13 (e) In this section,

14 (1) "beneficiary" means a person who is found to be eligi-
15 ble to receive medical services under AS 47.07 or AS 47.25.120 -
16 47.25.300;

17 (2) "medical provider" means a person, firm, corporation,
18 association, or institution that, on the date of service, was approved
19 to provide medical assistance, in accordance with regulations adopted
20 by the Department of Health and Social Services.

21 * Sec. 2. AS 44.77.010(b) is repealed.