GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2005

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S SENATE BILL 665*

Short Title: County Medicaid Billing Systems. (Pu	blic)
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Sponsors: Senators Hartsell; and Holloman.

Referred to: Health Care.

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March 17, 2005

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE PUBLIC HEALTH AUTHORITIES TO CONTRACT
DIRECTLY WITH PRIVATE VENDORS TO OPERATE THE COUNTY
BILLING SYSTEM FOR MEDICAID CLAIMS.

Whereas, the county share of the nonfederal share of Medicaid costs has a significant impact on county resources and cash flow; and

Whereas, more timely reimbursement of county Medicaid claims would improve county cash flow; and

Whereas, the current process for Medicaid billing is more complicated than necessary; and

Whereas, contracting with a private vendor to interface directly with the State Medicaid billing system would make the billing process for county Medicaid claims much simpler than it now is; and

Whereas, county public health authorities would benefit from private vendor-operated Medicaid billing by enabling the authorities to optimize revenue through efficiencies that are currently not in place through the State billing system; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Part 1B of Article 2 of Chapter 130A of the General Statutes is amended by adding the following new section to read:

"§ 130A-45.13. Authority to contract directly with private providers to operate billing system for county Medicaid claims.

A public health authority board may contract directly with private vendors to operate the authority's Medicaid billing system as an alternative to the State-operated health services information system. The contract may provide for the private vendor to bill directly the State Medicaid billing system (MMIS), thereby bypassing the State health services information system (HSIS). The public health authority shall issue a "request for proposal" to solicit private vendor bids for contracts authorized under this section."

SECTION 2. This act is effective when it becomes law and applies to county Medicaid claims arising on and after that date.