

REVISION: HCFA-PM-80-38 (BPP)
May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: WASHINGTON

Citation

4.19 (e)

The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

42 CFR 447.45 (c)
AT-79-50

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

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