

[First Reprint]
ASSEMBLY, No. 1473

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 5, 1996

By Assemblymen FELICE, KAVANAUGH, Assemblywomen
Vandervalk and Murphy

1 AN ACT requiring health insurers ¹and certain subsidiaries of insurers¹
2 to use standard enrollment and claim forms and supplementing
3 various parts of the statutory law.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7

8 1. Within 12 months of the ¹[effective date of] promulgation of
9 regulations by the Commissioner of Banking and Insurance pursuant
10 to¹ this act, a hospital service corporation ¹or a subsidiary that
11 processes health care benefits claims as a third party administrator¹
12 shall use the standard health care enrollment and claim forms
13 promulgated pursuant to section 7 of this act in connection with all
14 ¹[its]¹ group and individual contracts issued, delivered, executed or
15 renewed in this State.

16

17 2. Within 12 months of the ¹[effective date of] promulgation of
18 regulations by the Commissioner of Banking and Insurance pursuant
19 to¹ this act, a medical service corporation ¹or a subsidiary that
20 processes health care benefits claims as a third party administrator¹
21 shall use the standard health care enrollment and claim forms
22 promulgated pursuant to section 7 of this act in connection with all
23 ¹[its]¹ group and individual contracts issued, delivered, executed or
24 renewed in this State.

25

26 3. Within 12 months of the ¹[effective date of] promulgation of
27 regulations by the Commissioner of Banking and Insurance pursuant
28 to¹ this act, a health service corporation ¹or a subsidiary that processes
29 health care benefits claims as a third party administrator¹ shall use the
30 standard health care enrollment and claim forms promulgated pursuant

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined **thus** is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly AHL committee amendments adopted May 1, 1997.

1 to section 7 of this act in connection with all ¹[its]¹ group and
2 individual contracts issued, delivered, executed or renewed in this
3 State.

4
5 4. Within 12 months of the ¹[effective date of] promulgation of
6 regulations by the Commissioner of Banking and Insurance pursuant
7 to¹ this act, a health insurer ¹or a subsidiary that processes health care
8 benefits claims as a third party administrator¹ shall use the standard
9 health care enrollment and claim forms promulgated pursuant to
10 section 7 of this act in connection with all ¹[its]¹ individual policies
11 issued, delivered, executed or renewed in this State.

12
13 5. Within 12 months of the ¹[effective date of] promulgation of
14 regulations by the Commissioner of Banking and Insurance pursuant
15 to¹ this act, a health insurer ¹or a subsidiary that processes health care
16 benefits claims as a third party administrator¹ shall use the standard
17 health care enrollment and claim forms promulgated pursuant to
18 section 7 of this act in connection with all ¹[its]¹ group policies issued,
19 delivered, executed or renewed in this State.

20
21 6. Within 12 months of the ¹[effective date of] promulgation of
22 regulations by the Commissioner of Banking and Insurance pursuant
23 to¹ this act, a health maintenance organization ¹or a subsidiary that
24 processes health care benefits claims as a third party administrator¹
25 shall use the standard health care enrollment and claim forms
26 promulgated pursuant to section 7 of this act in connection with all
27 ¹[its]¹ contracts for health care services issued, delivered, executed or
28 renewed in this State.

29
30 7. a. The Commissioner of ¹Banking and¹ Insurance shall
31 ¹[approve and]¹ promulgate ¹regulations to establish¹ one set of
32 standard health care enrollment and claim forms ¹in paper or electronic
33 format¹ to be used by all hospital service, medical service and health
34 service corporations, all health insurers ¹[and].¹ all health maintenance
35 organizations ¹, all dental service corporations, all dental plan
36 organizations, or subsidiaries that process health care benefits claims
37 as third party administrators, and all insurers writing automobile
38 insurance and workers' compensation coverage, or a subsidiary of an
39 insurer writing worker's compensation coverage that processes health
40 care benefits claims as a third party administrator,¹ authorized to do
41 business in this State.

42 b. In developing and promulgating the forms, the commissioner
43 shall:

44 (1) Consult with the Healthcare Information Electronic Data

1 Interchange Policy ¹Advisory¹ Council established pursuant to
2 P.L. , c. (C.) (now pending before the Legislature
3 as Assembly, No. 1476 and Senate, No. 50 of 1996);

4 (2) Consult with the boards of the New Jersey Individual Health
5 Coverage Program and the New Jersey Small Employer Health
6 Benefits Program and with respect to claim forms, take into
7 consideration the claim forms adopted by those programs pursuant to
8 section 11 of P.L.1993, c.164 (C.17B:27A-16.4) and section 29 of
9 P.L.1992, c.162 (C.17B:27A-45), respectively; and

10 (3) ¹[To the greatest extent possible, use].Use¹ national standards
11 for electronic data interchange (EDI) as recommended by the ¹[policy]
12 advisory¹ council and the boards of the two programs.

13

14 ¹8. Within 12 months of the promulgation of regulations by the
15 Commissioner of Banking and Insurance pursuant to this act, a dental
16 plan organization or a subsidiary that processes health care benefits
17 claims as a third party administrator shall use the standard health care
18 enrollment and claim forms promulgated pursuant to section 7 of this
19 act in connection with all contracts for health care services issued,
20 delivered, executed or renewed in this State.¹

21

22 ¹9. Within 12 months of the promulgation of regulations by the
23 Commissioner of Banking and Insurance pursuant to this act, a dental
24 service corporation or a subsidiary that processes health care benefits
25 claims as a third party administrator shall use the standard health care
26 enrollment and claim forms promulgated pursuant to section 7 of this
27 act in connection with all contracts for dental services issued,
28 delivered, executed or renewed in this State.¹

29

30 ¹10. Within 12 months of the promulgation of regulations by the
31 Commissioner of Banking and Insurance pursuant to this act, an
32 insurer authorized to write automobile insurance pursuant to
33 P.L.1972, c.70 (C.39:6A-1 et seq.) shall use the standard health care
34 claim forms promulgated pursuant to section 7 of this act in
35 connection with all its claims for health care services in this State.¹

36

37 ¹11. Within 12 months of the promulgation of regulations by the
38 Commissioner of Banking and Insurance pursuant to this act, an
39 insurer authorized to transact the business of workers' compensation
40 insurance pursuant to Chapter 15 of Title 34 of the Revised Statutes,
41 or a subsidiary that processes health care benefits claims as a third
42 party administrator shall use the standard claim forms promulgated
43 pursuant to section 7 of this act in connection with all claims for health
44 care services in this State.¹

1 ¹[8.] 12.¹ The commissioner shall promulgate regulations to
2 effectuate the purposes of this act pursuant to the "Administrative
3 Procedure Act," P.L.1968, c. 410 (C.52:14B-1 et seq.).

4

5 ¹[9.] 13.¹ This act shall take effect immediately.

6

7

8

9

10 Requires health insurers to use standardized enrollment and claim
11 forms.