

[Second Reprint]
SENATE, No. 49

STATE OF NEW JERSEY

INTRODUCED JANUARY 18, 1996

By Senators LaROSSA and LITTELL

1 AN ACT requiring health insurers ²and certain subsidiaries of insurers²
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 ²[effective date of] promulgation of
9 regulations by the Commissioner of Insurance pursuant to² this act, a
10 hospital service corporation ²or a subsidiary that processes health care
11 benefits claims as a third party administrator² shall use the standard
12 health care enrollment and claim forms promulgated pursuant to
13 section 7 of this act in connection with all ²[its]² group and individual
14 contracts issued, delivered, executed or renewed in this State.

15
16 2. Within 12 months of the ²[effective date of] promulgation of
17 regulations by the Commissioner of Insurance pursuant to² this act, a
18 medical service corporation ²or a subsidiary that processes health care
19 benefits claims as a third party administrator² shall use the standard
20 health care enrollment and claim forms promulgated pursuant to
21 section 7 of this act in connection with all ²[its]² group and individual
22 contracts issued, delivered, executed or renewed in this State.

23
24 3. Within 12 months of the ²[effective date of] promulgation of
25 regulations by the Commissioner of Insurance pursuant to² this act, a
26 health service corporation ²or a subsidiary that processes health care
27 benefits claims as a third party administrator² shall use the standard
28 health care enrollment and claim forms promulgated pursuant to
29 section 7 of this act in connection with all ²[its]² group and individual
30 contracts issued, delivered, executed or renewed in this State.

31 4. Within 12 months of the ²[effective date of] promulgation of

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 Senate SHH committee amendments adopted February 22, 1996.

² Senate SBA committee amendments adopted March 7, 1996.

1 regulations by the Commissioner of Insurance pursuant to² this act, a
 2 health insurer ²or a subsidiary that processes health care benefits
 3 claims as a third party administrator² shall use the standard health care
 4 enrollment and claim forms promulgated pursuant to section 7 of this
 5 act in connection with all ²[its]² individual policies issued, delivered,
 6 executed or renewed in this State.

7 5. Within 12 months of the ²[effective date of] promulgation of
 8 regulations by the Commissioner of Insurance pursuant to² this act, a
 9 health insurer ²or a subsidiary that processes health care benefits
 10 claims as a third party administrator² shall use the standard health care
 11 enrollment and claim forms promulgated pursuant to section 7 of this
 12 act in connection with all ²[its]² group policies issued, delivered,
 13 executed or renewed in this State.

14
 15 6. Within 12 months of the ²[effective date of] promulgation of
 16 regulations by the Commissioner of Insurance pursuant to² this act, a
 17 health maintenance organization ²or a subsidiary that processes health
 18 care benefits claims as a third party administrator² shall use the
 19 standard health care enrollment and claim forms promulgated pursuant
 20 to section 7 of this act in connection with all ²[its]² contracts for
 21 health care services issued, delivered, executed or renewed in this
 22 State.

23
 24 7. a. The Commissioner of Insurance shall ²[approve and]²
 25 promulgate ²regulations to establish² one set of standard health care
 26 enrollment and claim forms ²in paper or electronic format² to be used
 27 by all hospital service, medical service and health service corporations,
 28 all health insurers ¹[and],¹ all health maintenance organizations ¹, all
 29 dental service corporations, all dental plan organizations ², or
 30 subsidiaries that process health care benefits claims as third party
 31 administrators,² and all insurers writing automobile insurance and
 32 workers' compensation coverage^{1 2}, or a subsidiary of an insurer
 33 writing worker's compensation coverage that processes health care
 34 benefits claims as a third party administrator,² authorized to do
 35 business in this State.

36 b. In developing and promulgating the forms, the commissioner
 37 shall:

38 (1) Consult with the Healthcare Information Electronic Data
 39 Interchange Policy Council established pursuant to P. L. _____,
 40 c. (C. _____) (now pending before the Legislature as Senate,
 41 No. 50 of 1996);

42 (2) Consult with the boards of the New Jersey Individual Health
 43 Coverage Program and the New Jersey Small Employer Health
 44 Benefits Program and with respect to claim forms, take into
 45 consideration the claim forms adopted by those programs pursuant to
 46 section 11 of P.L.1993, c.164 (C.17B:27A-16.4) and section 29 of

1 P.L.1992, c.162 (C.17B:27A-45), respectively; and

2 (3) ²[To the greatest extent possible, use] Use²national standards
3 for electronic data interchange (EDI) as recommended by the policy
4 council and the boards of the two programs.

5
6 ¹8. Within 12 months of the ²[effective date of] promulgation of
7 regulations by the Commissioner of Insurance pursuant to² this act, a
8 dental plan organization ²or a subsidiary that processes health care
9 benefits claims as a third party administrator² shall use the standard
10 health care enrollment and claim forms promulgated pursuant to
11 section 7 of this act in connection with all ²[its]² contracts for health
12 care services issued, delivered, executed or renewed in this State.¹

13
14 ¹9. Within 12 months of the ²[effective date of] promulgation of
15 regulations by the Commissioner of Insurance pursuant to² this act,
16 a dental service corporation ²or a subsidiary that processes health care
17 benefits claims as a third party administrator² shall use the standard
18 health care enrollment and claim forms promulgated pursuant to
19 section 7 of this act in connection with all ²[its]² contracts for dental
20 services issued, delivered, executed or renewed in this State.¹

21
22 ¹10. Within 12 months of the²[effective date of] promulgation of
23 regulations by the Commissioner of Insurance pursuant to² this act, an
24 insurer authorized to write automobile insurance pursuant to
25 P.L.1972, c.70 (C.39:6A-1 et seq.) shall use the standard health care
26 claim forms promulgated pursuant to section 7 of this act in
27 connection with all its claims for health care services in this State.¹

28
29 ¹11. Within 12 months of the ²[effective date of] promulgation of
30 regulations by the Commissioner of Insurance pursuant to² this act,
31 an insurer authorized to transact the business of workers'
32 compensation insurance pursuant to Chapter 15 of Title 34 of the
33 Revised Statutes, ²or a subsidiary that processes health care benefits
34 claims as a third party administrator² shall use the standard claim
35 forms promulgated pursuant to section 7 of this act in connection all
36 ²[its]² claims for health care services in this State.¹

37
38 ¹[8.] 12. ¹The commissioner shall promulgate regulations to
39 effectuate the purposes of this act pursuant to the "Administrative
40 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

41
42 ¹[9.] 13.¹ This act shall take effect immediately.

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2

3 Requires health insurers to use standardized enrollment and claim
4 forms.