

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2509 Session of 2010

INTRODUCED BY MURT, BELFANTI, CALTAGIRONE, CLYMER, DALEY,
EVERETT, GINGRICH, GROVE, HARHART, McILVAINE SMITH,
VULAKOVICH AND WHITE, MAY 12, 2010

REFERRED TO COMMITTEE ON INSURANCE, MAY 12, 2010

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," further providing for forms for
12 health insurance claims.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. Section 1202 of the act of May 17, 1921 (P.L.682,
16 No.284), known as The Insurance Company Law of 1921, added
17 December 15, 1992 (P.L.1129, No.148), is amended to read:

18 Section 1202. Forms for Health Insurance Claims.--(a) Each
19 health insurance claim form processed or otherwise used by an
20 insurer, including those used by the Department of Public
21 Welfare for public health care coverage, shall be the uniform
22 claim form developed by the department. The claim form shall be

1 identical in form and content except as provided in [subsection
2 (c)] subsections (c) and (c.1). The department shall, in
3 consultation with the Department of Public Welfare, insurers and
4 health care providers or their representatives, first consider
5 the feasibility of utilizing the UB-82/HCFA-1450 and HCFA-1500
6 forms, or their successors, as a uniform claim form. If these
7 forms are deemed to be unsatisfactory, the department shall, in
8 consultation with the Department of Public Welfare, insurers and
9 health care providers or their representatives, develop a
10 uniform claim form for use by all insurers, the Department of
11 Public Welfare's public health care coverage program and health
12 care providers. The uniform claim form shall contain blank
13 spaces at appropriate places in the document for approved
14 additional information requests under subsection (c).

15 (b) The feasibility study and subsequent development of the
16 uniform claim form shall be complete within one hundred eighty
17 (180) days of the effective date of this article. All insurers,
18 the Department of Public Welfare's public health care coverage
19 program and health care providers shall be required to use the
20 uniform claim form within one hundred twenty (120) days after
21 the uniform claim form is developed. The department may consider
22 a request from the Department of Public Welfare for an extension
23 in meeting the implementation schedule of this section.

24 (c) (1) Subject to the procedure contained in clause (2),
25 an insurer may request that a claimant provide departmentally
26 approved additional information which is not requested on the
27 uniform claim form.

28 (2) An insurer may request departmental approval of
29 additional information requests to be printed in the blank
30 spaces on the uniform claim form, and on subsequent pages if

1 necessary, by submitting a written request to the department.
2 Such a request shall be deemed approved by the department if not
3 disapproved within sixty (60) days after receipt of the request.
4 A disapproval shall be subject to the procedures under 2 Pa.C.S.
5 (relating to administrative law and procedure).

6 (c.1) If, in a health insurance claim form, an insured
7 specifically authorizes payment of benefits directly to an
8 entity or person who provided health care services in accordance
9 with the provisions of the policy, the insurer shall make the
10 payment to the specified provider of the health care services.
11 The insurance contract may not prohibit, and claim forms must
12 provide an option for, the payment of benefits directly to the
13 specified provider of the health care services. The insurer may
14 require written attestation of the assignment of the payment.
15 Payment to the specified provider of the health care services
16 from the insurer may not be more than the amount that the
17 insurer would otherwise have paid without the assignment of
18 payment.

19 (d) In the case of vision and dental claim forms and in the
20 case of supplemental major medical claim forms, utilization of
21 the uniform claim form shall be at the discretion of the
22 individual insurer.

23 Section 2. This act shall take effect in 60 days.