

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 843 Session of 2015

INTRODUCED BY EICHELBERGER, BLAKE, TARTAGLIONE, TEPLITZ,  
ALLOWAY, VULAKOVICH, ARGALL, WARD, BROOKS, RAFFERTY,  
DINNIMAN, GREENLEAF AND BOSCOLA, MAY 14, 2015

REFERRED TO BANKING AND INSURANCE, MAY 14, 2015

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," in uniform health insurance claim  
12 form, further providing for forms for health insurance  
13 claims.

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

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

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

1 form shall be identical in form and content except as provided  
2 in subsection (c). The department shall, in consultation with  
3 the Department of [Public Welfare] Human Services, 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] Human  
9 Services, insurers and health care providers or their  
10 representatives, develop a uniform claim form for use by all  
11 insurers, the Department of [Public Welfare's] Human Services'  
12 public health care coverage program and health care providers.  
13 The uniform claim form shall contain blank spaces at appropriate  
14 places in the document for approved additional information  
15 requests under subsection (c).

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

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

30 (2) An insurer may request departmental approval of

1 additional information requests to be printed in the blank  
2 spaces on the uniform claim form, and on subsequent pages if  
3 necessary, by submitting a written request to the department.  
4 Such a request shall be deemed approved by the department if not  
5 disapproved within sixty (60) days after receipt of the request.  
6 A disapproval shall be subject to the procedures under 2 Pa.C.S.  
7 (relating to administrative law and procedure).

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

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

24 (e) The Legislative Budget and Finance Committee shall  
25 conduct a study to examine all of the following:

26 (1) The costs and benefits associated with the direct  
27 reimbursement of nonparticipating providers by health  
28 insurance carriers under a valid agreement of benefits.

29 (2) The impact on consumers of prohibiting health  
30 insurance carriers from refusing to accept a valid assignment

1 of benefits.

2 (3) The impact of requiring direct reimbursement of  
3 nonparticipating providers by health insurance carriers on a  
4 health insurance carrier's ability to maintain an adequate  
5 number of providers in their network. A report on the study  
6 shall be presented to the chairman and minority chairman of  
7 the Insurance Committee of the House of Representatives and  
8 the chairman and minority chairman of the Banking and  
9 Insurance Committee of the Senate no more than thirty-six  
10 months after the effective date of this subsection.

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