

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1993

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SENATE BILL 7

Insurance Committee Substitute Adopted 4/8/93

Short Title: Uniform Ins. Claim Form.

(Public)

Sponsors:

Referred to:

January 28, 1993

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE COMMISSIONER OF INSURANCE TO DEVELOP AND REQUIRE UNIFORM FORMS FOR THE SUBMISSION OF CLAIMS UNDER HEALTH BENEFIT PLANS, TO ESTABLISH FEES FOR COPIES OF MEDICAL RECORDS, AND TO REQUIRE WRITTEN NOTICE OF CLAIM DENIAL.

The General Assembly of North Carolina enacts:

Section 1. G.S. 58-50-10 is repealed.

Sec. 2. Article 3 of Chapter 58 of the General Statutes is amended by adding the following new sections to read:

§ 58-3-170. Uniform claim forms.

(a) All claims submitted by health care providers to health benefit plans shall be submitted on a uniform form or format that shall be developed by the Department and approved by the Commissioner. Additional information beyond that contained on the uniform form or format may be collected subject to rules adopted by the Commissioner. This section applies to the submission of claims in writing and by electronic means.

(b) After consultation with the North Carolina Industrial Commission, the Commissioner may include workers' compensation insurance policies as 'health benefit plans' for the purpose of administering the provisions of this section.

(c) For purposes of this section, 'health benefit plans' means accident and health insurance policies or certificates; nonprofit hospital or medical service corporation contracts; health maintenance organization (HMO) subscriber contracts and other plans

1 provided by managed care organizations; plans provided by a MEWA or plans provided
2 by other benefit arrangements, to the extent permitted by ERISA; the Teachers' and
3 State Employees' Comprehensive Major Medical Plan; and medical payment coverages
4 under homeowners and automobile insurance policies.

5 **"§ 58-3-175. Notice of claim denied.**

6 (a) For all claims denied for health care provider services under health benefit
7 plans, written notification of the denied claim shall be given to the insured and to the
8 health care provider submitting the claim if the health care provider would otherwise be
9 eligible for payment.

10 (b) For purposes of this section, 'health benefit plans' means accident and health
11 insurance policies or certificates; nonprofit hospital or medical service corporation
12 contracts; health, hospital, or medical service corporation plan contracts; health
13 maintenance organization (HMO) subscriber contracts and other plans provided by
14 managed care organizations; plans provided by a MEWA or plans provided by other
15 benefit arrangements, to the extent permitted by ERISA; and the Teachers' and State
16 Employees' Comprehensive Major Medical Plan."

17 Sec. 3. Chapter 90 of the General Statutes is amended by adding a new
18 Article 28 to read:

19 **"ARTICLE 28.**

20 **"MEDICAL RECORDS.**

21 **"§ 90-410. Definitions.**

22 As used in this Article:

- 23 (1) 'Health care provider' means any person who is licensed or certified to
24 practice a health profession or occupation under this Chapter or
25 Chapters 90B or 90C of the General Statutes, a health care facility
26 licensed under Chapters 131E or 122C of the General Statutes, and a
27 representative or agent of a health care provider.
28 (2) 'Medical records' means personal information that relates to an
29 individual's physical or mental condition, medical history, or medical
30 treatment, excluding X rays.

31 **"§ 90-411. Record copy fee.**

32 A health care provider may charge a reasonable fee to cover the costs incurred in
33 searching, handling, copying, and mailing medical records to the patient or the patient's
34 designated representative. The maximum fee shall be fifty cents (50¢) per page,
35 provided that the health care provider may impose a minimum fee of up to ten dollars
36 (\$10.00), inclusive of copying costs. Nothing herein shall limit a reasonable
37 professional fee charged by a physician for cognitive work in association with review of
38 medical records in connection with any request for copies of a medical record or
39 report."

40 Sec. 4. This act becomes effective January 1, 1994.