

SB 665

FILED

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WEST VIRGINIA LEGISLATURE
SEVENTY-NINTH LEGISLATURE
REGULAR SESSION, 2010

SECRETARY OF STATE

ENROLLED

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 665

(SENATOR PREZIOSO, *original sponsor*)

[Passed March 11, 2010; in effect ninety days from passage.]

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AN ACT to repeal §33-15B-4 of the Code of West Virginia, 1931, as amended; and to amend and reenact §33-15B-1, §33-15B-2, §33-15B-3 and §33-15B-5 of said code, all relating to health care forms; explaining legislative purpose; defining scope of article; transferring certain duties regarding uniform forms from the Health Care Authority to the Insurance Commissioner; adding Department of Health and Human Resources to advisory committee; authorizing Insurance Commissioner to propose rules; and prescribing penalties.

Be it enacted by the Legislature of West Virginia:

That §33-15B-4 of the Code of West Virginia, 1931, as amended, be repealed; and that §33-15B-1, §33-15B-2, §33-15B-3 and §33-15B-5 of said code be amended and reenacted, all to read as follows:

ARTICLE 15B. UNIFORM HEALTH CARE ADMINISTRATION ACT.

§33-15B-1. Legislative findings; purpose.

1 The Legislature hereby finds that there is a need to
2 provide guidelines regarding uniform health care adminis-
3 tration in order to best serve consumers, health care
4 providers and insurers and to organize and streamline the
5 claims process. The purpose of this article is to authorize
6 the insurance commissioner to develop standard forms and
7 procedures regarding health care claims and to require
8 that all insurers, third party payers, and health care
9 providers implement and use such standards in a uniform
10 manner.

§33-15B-2. Scope of article.

1 The provisions of this article apply to all health care
2 providers in the state; all health insurers writing or issuing
3 accident and sickness policies, including hospital service
4 corporations, health service corporations, medical service
5 corporations, dental service corporations and HMOs; all
6 third party payers; all state agencies and departments,
7 including, but not limited to, the public employees insur-
8 ance agency and providers of services under Medicare and
9 Medicaid; and all entities involved in the payment of
10 health care claims.

**§33-15B-3. Insurance commissioner to propose rules; use of
standardized forms and classifications; advisory
group.**

1 (a) The commissioner shall propose rules for legislative
2 approval, in accordance with the provisions of chapter
3 twenty-nine-a of this code, regarding the implementation
4 and use of uniform health care administrative forms. Such
5 rules shall establish, where practicable, the acceptance
6 and use throughout the health care system of standard
7 administrative forms, terms or procedures, including, but
8 not limited to, the following:

9 (1) The standard CMS 1500 health insurance claim form,
10 as amended, or other similar forms, terms, and definitions
11 to be used which are consistent with health care and
12 insurance industry standards.

13 (2) International classification of disease, ninth clinical
14 modifications (ICD-9-CM) and common procedural
15 terminology (CPT) codes, as amended, or other similar
16 forms, terms, and definitions to be used which are consis-
17 tent with health care and insurance industry standards.

18 (3) National uniform billing data element specifications
19 (UB-04), as amended, and as supplemented by the West
20 Virginia uniform billing committee, or other similar forms,
21 terms, and definitions to be used which are consistent with
22 health care and insurance industry standards.

23 (4) Consideration of current practices involving reim-
24 bursement of claims and explanation of benefits, and the
25 implementation of standards and guidelines regarding
26 explanation of benefits, including, but not limited to,
27 consideration of line item explanations of payments or
28 denial of payments.

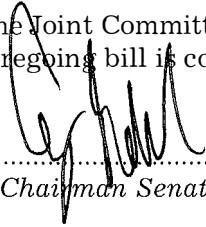
29 (b) The legislative rules required herein shall be devel-
30 oped with the advice of an advisory group to be appointed
31 by the commissioner. Such advisory group shall consist of
32 representatives of consumers, providers, payors, and
33 regulatory agencies, including representatives from the
34 following: The department of health and human resources;
35 the West Virginia health care authority; West Virginia
36 dental association; West Virginia pharmacists association;
37 the West Virginia hospital association; commercial health
38 insurers; third party administrators; the West Virginia
39 state medical association; the West Virginia nurses
40 association; public employees insurance agency; and
41 consumers.

42 (c) The commissioner and the advisory group shall
43 review the legislative rules to be proposed pursuant to this
44 section as necessary and update the same in a timely
45 manner in order to conform to current legislation and
46 health care and insurance industry standards and trends.

§33-15B-5. Penalties for violation.

1 Any person, partnership, corporation, limited liability
2 company, professional corporation, health care provider,
3 insurer or other payer, or other entity violating any
4 provision of this article shall be subject to a fine imposed
5 by the commissioner of not more than \$1000 for each
6 violation and, in addition to or in lieu of any fine imposed,
7 the West Virginia health care authority is empowered to
8 withhold rate approval or a certificate of need for any
9 health care provider violating any provision of this article.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.



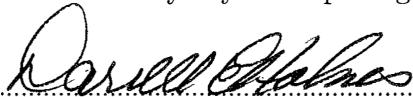
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Chairman Senate Committee



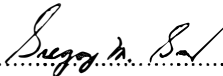
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Chairman House Committee

Originated in the Senate.

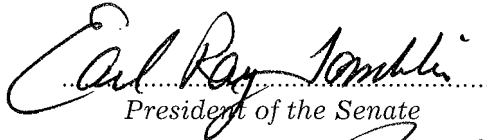
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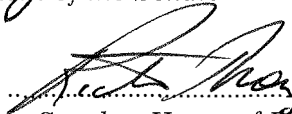
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Clerk of the Senate



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Clerk of the House of Delegates



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President of the Senate



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Speaker House of Delegates

The within is approved this the 22nd
Day of March, 2010.



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Governor

PRESENTED TO THE
GOVERNOR

MAR 19 2010

Time 4:00 p