



Replace line 57 on page 3 with the following:

(1) CLEAN ELECTRONIC CLAIM. The transmission of data for purposes of payment of covered health care expenses that is submitted to an insurer, a nonprofit agricultural organization that offers any health benefits or health plans, health service corporation, or health benefit plan which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the provider of the service or from a third party, in an electronic data format specified by the published filing requirements of the insurers, a nonprofit agricultural organization that offers any health benefits or health plans, health service corporations, or health benefit plan. In no event shall an insurer, a nonprofit agricultural organization that offers any health benefits or health plans, health care service corporation, or health benefit plan require that the health care provider submit data elements in excess of those required on the standard electronic health insurance format designated by Section 27-1-16 as



25 a condition to the acceptance and processing of an
26 initial claim as a clean claim.

27 (2) CLEAN WRITTEN CLAIM. A claim for payment of
28 covered health care expenses that is submitted to an
29 insurer, a nonprofit agricultural organization that
30 offers any health benefits or health plans, health
31 service corporation, or health benefit plan which
32 contains substantially all of the required data elements
33 necessary for accurate adjudication, without obtaining
34 additional information from the provider of the service
35 or from a third party. In no event shall an insurer, a
36 nonprofit agricultural organization that offers any
37 health benefits or health plans, health service
38 corporation, or health benefit plan require that the
39 health care provider submit information or data elements
40 in excess of those required on the standard health
41 insurance claim form designated by Section 27-1-16 as a
42 condition to the acceptance and processing of an initial
43 claim as a clean claim.

44 (3) GOVERNMENTAL PAYOR. Includes Medicare, Medicaid,

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46 Replace lines 60 through 61 on page 3 with the following:

47 ~~(1)~~ (4) HEALTH CARE PAYOR. A health care insurer,
48 health maintenance organization, a nonprofit agricultural



organization that offers any health benefits or health plans, or health care service plan

Replace lines 80 through 81 on page 3 with the following:

submits to the health care payor ~~an accurate and properly coded claim~~ a clean electronic claim or a clean written claim, or if a contract exists between the hospital and

Replace lines 91 through 92 on page 4 with the following:

of ~~an accurate and properly coded claim~~ a clean electronic claim or a clean written claim. Failure to satisfy ~~an accurate and properly coded claim~~ a clean electronic claim or a clean written claim within 45 days of submission

Replace line 97 on page 4 with the following:

person who: (i) following reasonable inquiry by the hospital, was not known to the hospital to be covered by