

**TITLE 4: ECONOMIC RESOURCES**  
**DIVISION 7: INSURANCE**

**§ 7704. Electronic Claims and Eligibility Transactions Required.**

(a) Within one calendar year of the effective date of PL 20-88, Health Insurance Issuers shall provide for the acceptance of electronic claims transactions from Health Care Providers. Electronic Claims transactions shall follow the uniform standards for a health plan transaction described under 45 CFR 162, which must include the following:

- (1) Eligibility and coverage information;
- (2) Health care claims or equivalent encounter information;
- (3) Coordination of benefits information; and
- (4) Health care payment and remittance advice.

(b) All Electronic Claims governed by this chapter must follow the standards from the American National Standards Institute (ANSI) v5010, as may be updated from time to time.

(c) Nothing in this chapter shall require that a Health Care Provider submit claims electronically.

**Source:** PL 20-88 § 2(104) (Feb. 8, 2019), modified.

**Commission Comment:** In codifying PL 20-88, the Commission numbered the section pursuant to 1 CMC § 3806(a). In (a), the Commission changed “this Act” to “PL 20-88” in (a) pursuant to 1 CMC § 3806(d), and changed “the Code of Federal Regulations, Title 45, Part 162” to “45 CFR 162” and removed “and” at the end of (a)(1)–(2) pursuant to 1 CMC § 3806(g). The Commission also changed the capitalization of defined terms in (a)–(c) pursuant to 1 CMC § 3806(f).