PREVAILED Roll Call No. _______
FAILED Ayes _______
WITHDRAWN Noes _______
RULED OUT OF ORDER

HOUSE MOTION ___

MR. SPEAKER:

I move that House Bill 1461 be amended to read as follows:

1 Page 1, between the enacting clause and line 1, begin a new
2 paragraph and insert:
3 "SECTION 1. IC 27-8-5.7 IS ADDED TO THE INDIANA CODE
4 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
5 JULY 1, 2001]:
6 **Chapter 5.7. Payment of Claims**
7 **Sec. 1. As used in this chapter, "insured" means an individual**
8 **who is entitled to the benefits provided by a policy of accident and**
9 **sickness insurance. The term includes the following:**
10 **(1) The policyholder of an individual policy of accident and**
11 **sickness insurance.**
12 **(2) A member of the group covered by a group policy of**
13 **accident and sickness insurance.**
14 **(3) An individual who is entitled to coverage under a policy**
15 **of accident and sickness insurance as a spouse or dependent**
16 **of an individual referred to in subdivision (1) or (2).**
17 **Sec 2. As used in this chapter, "insurer" means an entity**
18 **issuing a policy of accident and sickness insurance**.
19 **Sec. 3. As used in this chapter, "policy of accident and sickness**
20 **insurance" has the meaning set forth in IC 27-8-5-1.**
21 **Sec. 4. (a) An insured who has received services from a**
22 **provider that provides services, including emergency services, that**
23 **an insurer is required to pay, is considered to have filed a proper**
24 **and complete claim if the insured submits the following**
25 **information:**
26 **(1) The name of the insured who received services.**
27 **(2) The address of the insured.**

1 **(3) The date of service.**
2 **(4) The Current Procedural Terminology (CPT) code.**
3 **(5) The International Classification of Diseases (ICD) disease**
4 **classification.**
5 **(6) The name and address of the provider.**
6 **(7) Information on the insured's benefit card that is specific**
7 **to the insured.**
8 **(8) Tax identification information of the provider.**
9 **(b) A claim for an evaluation and management code (as**
10 **defined by the latest edition of the Current Procedural**
11 **Terminology manual) that meets the requirements under**
12 **subsection (a) must be paid to the insured not more than fourteen**
13 **(14) days after the claim is submitted.**
14 **(c) If a claim is not for an evaluation and management code (as**
15 **defined by the latest edition of the Current Procedural**
16 **Terminology manual) the insurer may require the provider to**
17 **submit information in addition to the information required under**
18 **subsection (a). However, if a request for additional information**
19 **under this subsection is not made within thirty (30) days after the**
20 **insured has submitted a claim, the claim must be paid.**".
21 Page 1, between lines 9 and 10, begin a new paragraph and insert:
22 "SECTION 3. IC 27-13-36-9.5 IS ADDED TO THE INDIANA
23 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
24 [EFFECTIVE JULY 1, 2001]: **Sec. 9.5. (a) An enrollee who receives**
25 **services from a provider that is not a participating provider and**
26 **that provides services, including emergency services, that a health**
27 **maintenance organization or a limited service health maintenance**
28 **organization is required to pay a nonparticipating provider, is**
29 **considered to have filed a proper and complete claim if the enrollee**
30 **submits the following information:**
31 **(1) The name of the enrollee who received services.**
32 **(2) The address of the enrollee.**
33 **(3) The date of service.**
34 **(4) The Current Procedural Terminology (CPT) code.**
35 **(5) The International Classification of Diseases (ICD) disease**
36 **classification.**
37 **(6) The name and address of the provider.**
38 **(7) Information on the enrollee's benefit card that is specific**
39 **to the enrollee.**
40 **(8) Tax identification information of the provider.**
41 **(b) A claim for an evaluation and management code (as**
42 **defined by the latest edition of the Current Procedural**
43 **Terminology manual) that meets the requirements under**
44 **subsection (a) must be paid to the enrollee not more than fourteen**
45 **(14) days after the claim is submitted.**
46 **(c) If a claim is not for an evaluation and management code (as**
47 **defined by the latest edition of the Current Procedural**
48 **Terminology manual) the health maintenance organization or the**
49 **limited service health maintenance organization may require the**
50 **provider to submit information in addition to the information**
51 **required under subsection (a). However, if a request for additional**
52 **information under this subsection is not made within thirty (30)**

1 **days after the enrollee has submitted a claim, the claim must be**
2 **paid.**".
3 Renumber all SECTIONS consecutively.
(Reference is to hb 1461 as printed February 28, 2001.)

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Representative BROWN T