
SENATE BILL No. 53

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-5.7-11; IC 27-13-36.2-9.

Synopsis: Adjustment of subsequent health coverage claims. Specifies that an insured or enrollee is not liable and may not be billed for an amount reimbursed to a health insurer or health maintenance organization through adjustment of a subsequent claim.

Effective: July 1, 2009.

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January 7, 2009, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

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SENATE BILL No. 53



A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 27-8-5.7-11, AS ADDED BY P.L.55-2006,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2009]: Sec. 11. **(a)** Every subsequent claim that is adjusted by
4 an insurer for reimbursement on an overpayment of a previous provider
5 claim made to the provider must be accompanied by an explanation of
6 the reason for the adjustment, including:
7 (1) an identification of:
8 (A) the claim on which the overpayment was made; and
9 (B) if ascertainable, the party financially responsible for the
10 overpaid amount; and
11 (2) the amount of the overpayment that is being reimbursed to the
12 insurer through the adjusted subsequent claim.
13 **(b) An insured:**
14 **(1) is not liable; and**
15 **(2) may not be billed by a provider;**
16 **for any amount reimbursed to the insured's insurer through an**
17 **adjusted subsequent claim.**



1 SECTION 2. IC 27-13-36.2-9, AS ADDED BY P.L.55-2006,
 2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 JULY 1, 2009]: Sec. 9. **(a)** Every subsequent claim that is adjusted by
 4 a health maintenance organization for reimbursement on an
 5 overpayment of a previous provider claim made to the provider must
 6 be accompanied by an explanation of the reason for the adjustment,
 7 including:
 8 (1) an identification of:
 9 (A) the claim on which the overpayment was made; and
 10 (B) if ascertainable, the party financially responsible for the
 11 amount overpaid; and
 12 (2) the amount of the overpayment that is being reimbursed to the
 13 health maintenance organization through the adjusted subsequent
 14 claim.
 15 **(b) An enrollee:**
 16 **(1) is not liable; and**
 17 **(2) may not be billed by a provider;**
 18 **for any amount reimbursed to the enrollee's health maintenance**
 19 **organization through an adjusted subsequent claim.**

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