

# COMMITTEE REPORT

## MADAM PRESIDENT:

**The Senate Committee on Pensions and Labor, to which was referred Senate Bill No. 576, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:**

- 1           Page 3, line 15, delete "a claim for payment" and insert "**an**
- 2           **application for adjustment of a claim for a health care provider's**
- 3           **fee**".
- 4           Page 3, line 16, delete "one (1) year" and insert "**two (2) years**".
- 5           Page 3, line 16, delete "last date the" and insert "**receipt of an**
- 6           **initial written communication from the employer, the employer's**
- 7           **insurance carrier, if any, or an agent acting on behalf of the**
- 8           **employer after the health care provider submits a bill for services.**
- 9           **To offset a part of the board's expenses related to the**
- 10           **administration of health care provider reimbursement disputes, a**
- 11           **hospital or facility that is a medical service provider (as defined in**
- 12           **IC 22-3-6-1) shall pay a filing fee of sixty dollars (\$60) in a balance**
- 13           **billing case. The filing fee must accompany each application filed**
- 14           **with the board. If an employer, an employer's insurance carrier,**
- 15           **or an agent acting on behalf of the employer denies or fails to pay**
- 16           **any amount on a claim submitted by a hospital or facility that is a**
- 17           **medical service provider, a filing fee is not required to accompany**
- 18           **an application that is filed for the denied or unpaid claim. A health**
- 19           **care provider may combine up to ten (10) individual claims into**
- 20           **one (1) application whenever:**

- 1           **(1) all individual claims involve the same employer, insurance**  
 2           **carrier, or billing review service; and**  
 3           **(2) the amount of each individual claim does not exceed two**  
 4           **hundred dollars (\$200)."**  
 5           Page 3, delete lines 17 through 20.  
 6           Page 11, reset in roman lines 3 through 4.  
 7           Page 11, line 5, after "infraction." insert "**misdemeanor.**".  
 8           Page 11 line 5, reset in roman "A person who violates IC 22-3-5-1,  
 9           IC 22-3-7-34(b), or".  
 10          Page 11, line 6, reset in roman "IC 22-3-7-34(c) commits a Class  
 11          A".  
 12          Page 11, line 6, after "infraction." insert "**misdemeanor.**".  
 13          Page 11, line 6, reset in roman "The worker's".  
 14          Page 11, reset in roman lines 7 through 13.  
 15          Page 11, line 14, reset in roman "(f)".  
 16          Page 11, line 14, delete "(d)".  
 17          Page 11, line 24, reset in roman "(g)".  
 18          Page 11, line 24, delete "(e)".  
 19          Page 11, line 24, reset in roman "court".  
 20          Page 11, line 24, delete "board".  
 21          Page 11, line 38, reset in roman "(h) The penalty".  
 22          Page 11, line 38, after "provisions" insert "**provision**".  
 23          Page 11, line 38, reset in roman "of subsection (d) shall apply only  
 24          to the".  
 25          Page 11, reset in roman lines 39 through 40.  
 26          Page 11, delete line 41, begin a new paragraph and insert:  
 27          "**(i) In an action under subsection (d), if a compensable worker's**  
 28          **compensation or occupational disease claim has been filed and the**  
 29          **employer fails or refuses to pay benefits when due, a court may**".  
 30          Page 11, delete line 42.  
 31          Page 12, line 1, delete "hearing,".  
 32          Page 11, run in line 41 through page 12, line 1.  
 33          Page 12, line 9, delete "(g)" and insert "**(j)**".  
 34          Page 12, line 9, delete "full board's" and insert "**court's**".  
 35          Page 12, line 9, delete "(f)" and insert "**(i)**".  
 36          Page 12, line 11, delete "full board's" and insert "**court's**".  
 37          Page 40, line 21, after "file" delete "a" and insert "**an application**  
 38          **for adjustment of a claim for a health care provider's fee**".

- 1 Page 40, line 22, delete "claim for payment".
- 2 Page 40, line 22, delete "one (1) year" and insert "**two (2) years**".
- 3 Page 40, line 23, delete "last date the provider provides services to
- 4 an employee with an" and insert "**receipt of an initial written**
- 5 **communication from the employer, the employer's insurance**
- 6 **carrier, if any, or an agent acting on behalf of the employer after**
- 7 **the health care provider submits a bill for services. To offset a part**
- 8 **of the board's expenses related to the administration of health care**
- 9 **provider reimbursement disputes, a hospital or facility that is a**
- 10 **medical service provider (as defined in IC 22-3-6-1) shall pay a**
- 11 **filing fee of sixty dollars (\$60) in a balance billing case. The filing**
- 12 **fee must accompany each application filed with the board. If an**
- 13 **employer, employer's insurance carrier, or an agent acting on**
- 14 **behalf of the employer denies or fails to pay any amount on a claim**
- 15 **submitted by a hospital or facility that is a medical service**
- 16 **provider, a filing fee is not required to accompany an application**
- 17 **that is filed for the denied or unpaid claim. A health care provider**
- 18 **may combine up to ten (10) individual claims into one (1)**
- 19 **application whenever:**
- 20 (1) **all individual claims involve the same employer, insurance**
- 21 **carrier, or billing review service; and**
- 22 (2) **the amount of each individual claim does not exceed two**
- 23 **hundred dollars (\$200)."**
- 24 Page 40, delete lines 24 through 42.
- 25 Delete pages 41 through 44.
- 26 Page 45, delete lines 1 through 36.
- 27 Page 46, line 39, after "employment" delete "." and insert "**and shall**
- 28 **provide a copy of the record to the board upon request.**".
- 29 Page 46, line 39, strike "occurrence" and insert "**first day of a**
- 30 **disablement by occupational disease**".
- 31 Page 46, line 39, after "and" insert "**the employer's**".
- 32 Page 46, line 40, strike "thereof," and insert "**of the disablement,**".
- 33 Page 46, line 40, after "chapter," strike "of".
- 34 Page 46, line 41, strike "disablement to an employee causing".
- 35 Page 46, line 41, after "causing his" insert "**that causes**".
- 36 Page 47, line 16, reset in roman "(c) A person who violates this
- 37 section commits a Class C".
- 38 Page 47, line 16, after "infraction." insert "**misdemeanor.**".

- 1 Page 47, reset in roman lines 17 through 22.  
2 Page 47, between lines 22 and 23, begin a new paragraph and insert:  
3 "SECTION 19. [EFFECTIVE JULY 1, 2011] (a) As used in this  
4 SECTION, "commission" refers to the pension management  
5 oversight commission established by IC 2-5-12-1.  
6 (b) The general assembly urges the legislative council to assign  
7 the commission the task of studying the issue of increases in the  
8 benefit schedules for worker's compensation and occupational  
9 disease compensation.  
10 (c) If the commission is assigned the topic described in  
11 subsection (b), the commission shall issue a final report to the  
12 legislative council containing the commission's findings and  
13 recommendations, including any recommended legislation  
14 concerning the topic, not later than November 1, 2011.  
15 (d) This SECTION expires June 30, 2012.  
16 SECTION 20. [EFFECTIVE JULY 1, 2011] (a) As used in this  
17 SECTION, "commission" refers to the pension management  
18 oversight commission established by IC 2-5-12-1.  
19 (b) The general assembly urges the legislative council to assign  
20 the commission the task of studying whether to amend the  
21 definition of "pecuniary liability" for purposes of worker's  
22 compensation and occupational disease compensation to establish  
23 the charge for services or products provided by a medical services  
24 facility as equal to a percentage of the amount determined using  
25 the Medicare program reimbursement methodologies, models, and  
26 values or weights, including the coding, billing, and reporting  
27 payment policies in effect on the date a service or product is  
28 provided.  
29 (c) If the commission is assigned the topic described in  
30 subsection (b), the commission shall issue a final report to the  
31 legislative council containing the commission's findings and  
32 recommendations, including any recommended legislation

- 1 **concerning the topic, not later than November 1, 2011.**
- 2 **(d) This SECTION expires June 30, 2012."**
- 3 Renumber all SECTIONS consecutively.  
(Reference is to SB 576 as introduced.)

**and when so amended that said bill do pass.**

Committee Vote: Yeas 7, Nays 0.

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**Boots**

**Chairperson**