

IC 12-15-44.1

Chapter 44.1. Coordination of Benefits Study

IC 12-15-44.1-1

"Covered entity"

Sec. 1. As used in this chapter, "covered entity" has the meaning set forth in 45 CFR 160.103.

As added by P.L.3-2008, SEC.97.

IC 12-15-44.1-2

Analysis of claims

Sec. 2. (a) Before January 1, 2008, the office shall do the following:

- (1) Examine all Medicaid claims paid after January 1, 2001, and before July 1, 2007.
- (2) Determine the claims examined under subdivision (1) that were eligible for payment by a third party other than Medicaid.
- (3) Recover the costs associated with the claims determined under subdivision (2) to be eligible for payment by a third party other than Medicaid.

(b) If the office requests a covered entity to furnish information to complete the examination required by this section, the covered entity shall furnish the requested information to the office.

As added by P.L.3-2008, SEC.97.

IC 12-15-44.1-3

Release of human identifier information; determination of eligibility

Sec. 3. (a) The office is authorized to transmit the minimum human identifiers in ANSI X.12 270 inquiries, including the name, gender, and date of birth of a Medicaid recipient, to a covered entity licensed or registered to provide health insurance or health care coverage to Indiana residents for the purpose of establishing the coverage in force of a Medicaid recipient who presents a claim.

(b) A health plan that receives a message described in subsection (a) from the office or its agent shall respond to the office or its agent within twenty-four (24) hours.

(c) An entity licensed or registered to provide health insurance or health care coverage to Indiana residents that refuses an ANSI X.12 270 message described in subsection (a) that was transmitted to the entity by the office or its agent is subject to a fine for each refusal in an amount not to exceed one thousand dollars (\$1,000) for each refusal.

(d) The office may impose the fine described in subsection (c).

As added by P.L.3-2008, SEC.97.

IC 12-15-44.1-4

Enforcement; injunctive relief; costs

Sec. 4. The office, any medical provider wishing to bill Indiana Medicaid, or any health plan has a cause of action for injunctive

relief against any health plan that fails to comply with this chapter. A plaintiff seeking relief under this section may recover costs of litigation, including attorney's fees.

As added by P.L.3-2008, SEC.97.

IC 12-15-44.1-5

Enforcement; attorney general

Sec. 5. If the office or its agent furnishes evidence that a health plan has refused or failed to respond to messages described in section 3(a) of this chapter transmitted by the office or its agent to the health plan, the attorney general shall:

- (1) subpoena the enrollment data of any entity that refuses or fails to respond to the messaging described in section 3(a) of this chapter;
- (2) commence a complaint under 42 U.S.C. 1320d-5 for administrative sanctions under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191); and
- (3) commence a prosecution under U.S.C. 1035 or IC 5-11-5.5 of any entity that refuses or fails to respond to the messaging described under section 3(a) of this chapter.

As added by P.L.3-2008, SEC.97.

IC 12-15-44.1-6

Implementation of procedures to coordinate benefit payments

Sec. 6. (a) If, after the office completes its examination under section 2 of this chapter, the office determines that the number of claims determined under section 2(a)(2) of this chapter is at least one percent (1%) of the number of claims examined under section 2(a)(1) of this chapter, the office shall develop and implement a procedure to improve the coordination of benefits between:

- (1) the Medicaid program; and
- (2) entities that provide health coverage to a Medicaid recipient.

(b) If a procedure is developed and implemented under subsection (a), the procedure:

- (1) must be automated; and
- (2) must have the capability to determine whether a Medicaid claim is eligible for payment by an entity other than the Medicaid program before the claim is paid under the Medicaid program.

As added by P.L.3-2008, SEC.97.