IC 5-10-8.1

Chapter 8.1. State Employee Health Benefits; Provider Payment

IC 5-10-8.1-1

"Administrator" defined

Sec. 1. As used in this chapter, "administrator" means:

(1) the state personnel department;

(2) an entity with which the state contracts to administer health coverage under IC 5-10-8-7(b); or

(3) a prepaid health care delivery plan with which the state contracts under IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-2

"Clean claim" defined

Sec. 2. As used in this chapter, "clean claim" means a claim submitted by a provider for payment under a health benefit plan that has no defect, impropriety, or particular circumstance requiring special treatment preventing payment.

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-3

"Covered individual" defined

Sec. 3. As used in this chapter, "covered individual" means an individual who is:

(1) covered under a self-insurance program established under IC 5-10-8-7(b) to provide group health coverage; or

(2) entitled to services under a contract for health services entered into or renewed under IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-4

"Health benefit plan" defined

Sec. 4. As used in this chapter, "health benefit plan" means a self-insurance program established to provide group health coverage as described in IC 5-10-8-7(b), or a contract for health services as described in IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-5

"Provider" defined

Sec. 5. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-6

Notice of deficiencies in claims

Sec. 6. (a) The administrator shall pay or deny each clean claim in accordance with section 7 of this chapter.

(b) An administrator shall notify a provider of any deficiencies in

a submitted claim not more than:

(1) thirty (30) days for a claim that is filed electronically; or

(2) forty-five (45) days for a claim that is filed on paper;

and describe any remedy necessary to establish a clean claim.

(c) Failure of an administrator to notify a provider as required under subsection (b) establishes the submitted claim as a clean claim.

As added by P.L.162-2001, SEC.1. Amended by P.L.137-2002, SEC.1.

IC 5-10-8.1-7

Payment or denial of claims; interest

Sec. 7. (a) The administrator shall pay or deny each clean claim as follows:

(1) If the claim is filed electronically, not more than thirty (30) days after the date the claim is received by the administrator.

(2) If the claim is filed on paper, not more than forty-five (45) days after the date the claim is received by the administrator.

(b) If:

(1) the administrator fails to pay or deny a clean claim in the time required under subsection (a); and

(2) the administrator subsequently pays the claim;

the administrator shall pay the provider that submitted the claim interest on the health benefit plan allowable amount of the claim paid under this section.

(c) Interest paid under subsection (b):

(1) accrues beginning:

(A) thirty-one (31) days after the date the claim is filed under subsection (a)(1); or

(B) forty-six (46) days after the date the claim is filed under subsection (a)(2); and

(2) stops accruing on the date the claim is paid.

(d) In paying interest under subsection (b), the administrator shall use the same interest rate as provided in IC 12-15-21-3(7)(A).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-8

Permitted forms

Sec. 8. A provider shall submit only the following forms for payment by an administrator:

(1) HCFA-1500.

(2) HCFA-1450 (UB-92).

(3) American Dental Association (ADA) claim form.

As added by P.L.162-2001, SEC.1.