

# PROPOSED AMENDMENT

## EH 1271 # 9

### DIGEST

Payment of claims. Changes the time frame to 180 days in which an insurer and a health maintenance organization may request repayment of an overpayment, adjust a subsequent claim, or recoup a paid claim. Provides that an insurer and a health maintenance organization may not be required to correct a payment error to a provider if notice of the payment error is not provided within 180 days. Removes language that allows an insurer or a health maintenance organization and a provider to enter into a value based health care reimbursement agreement that provides for different time frames. Allows an insurer and a hospital to enter into a separate written agreement that provides for different time frames. Makes a technical correction.

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- 1           Page 3, line 31, delete "benefit" and insert "**benefits**".
- 2           Page 6, line 32, after "to" insert "**claims submitted under**".
- 3           Page 7, delete lines 11 through 37, begin a new paragraph and
- 4 insert:
- 5           "SECTION 10. IC 27-8-5.7-10, AS ADDED BY P.L.55-2006,
- 6 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 7 JULY 1, 2026]: Sec. 10. (a) An insurer may not, more than ~~two (2)~~
- 8 **years one hundred eighty (180) days** after the date on which an
- 9 overpayment on a provider claim was made to the provider by the
- 10 insurer:
- 11           (1) request that the provider repay the overpayment; or
- 12           (2) adjust a subsequent claim filed by the provider as a method of
- 13 obtaining reimbursement of the overpayment from the provider.
- 14           **(b) An insurer may not recoup a paid claim more than one**
- 15 **hundred eighty (180) days after the date on which the claim was**
- 16 **initially paid.**
- 17           **(c) An insurer may not retroactively audit a paid claim more**
- 18 **than three (3) years after the date on which the claim was initially**
- 19 **paid.**
- 20           ~~(b)~~ **(d) An insurer may not be required to correct a payment error to**
- 21 **a provider more than two (2) years after the date on which a payment**
- 22 **on a provider claim was made to the provider by the insurer: if notice**
- 23 **of the payment error is not provided within one hundred eighty**

1 **(180) days after payment for a fully adjudicated claim is received.**

2 ~~(e)~~ **(e)** This section does **Subsections (a), (b), and (d)** do not apply  
3 in cases of fraud by the provider, the insured, or the insurer with  
4 respect to the **health benefits** claim on which the overpayment or  
5 underpayment was made **when a final determination of fraud has**  
6 **been made by a court.**

7 **(f) Notwithstanding subsections (a) through (d), an insurer and**  
8 **a hospital licensed under IC 16-21 may enter into a separate**  
9 **written agreement that provides for different time frames than**  
10 **those specified in this section."**

11 Page 8, line 21, after "to" insert "**claims submitted under**".

12 Page 9, delete lines 1 through 31, begin a new paragraph and insert:

13 "SECTION 15. IC 27-13-36.2-8, AS ADDED BY P.L.55-2006,  
14 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
15 JULY 1, 2026]: Sec. 8. (a) A health maintenance organization may not,  
16 more than ~~two (2)~~ **years one hundred eighty (180) days** after the date  
17 on which an overpayment on a provider claim was made to the provider  
18 by the health maintenance organization:

19 (1) request that the provider repay the overpayment; or

20 (2) adjust a subsequent claim filed by the provider as a method of  
21 obtaining reimbursement of the overpayment from the provider.

22 **(b) A health maintenance organization may not recoup a paid**  
23 **claim more than one hundred eighty (180) days after the date on**  
24 **which the claim was initially paid.**

25 **(c) A health maintenance organization may not retroactively**  
26 **audit a paid claim more than three (3) years after the date on**  
27 **which the claim was initially paid.**

28 ~~(b)~~ **(d)** A health maintenance organization may not be required to  
29 correct a payment error to a provider ~~more than two (2) years after the~~  
30 ~~date on which a payment on a provider claim was made to the provider~~  
31 ~~by the health maintenance organization.~~ **if notice of the payment**  
32 **error is not provided within one hundred eighty (180) days after**  
33 **payment for a fully adjudicated claim is received.**

34 ~~(e)~~ **(e)** This section does **Subsections (a), (b), and (d)** do not apply  
35 in cases of fraud by the provider, the enrollee, or the health  
36 maintenance organization with respect to the **health benefits** claim on  
37 which the overpayment or underpayment was made **when a final**  
38 **determination of fraud has been made by a court.**

39 **(f) Notwithstanding subsections (a) through (d), a health**  
40 **maintenance organization and a hospital licensed under IC 16-21**

1 **may enter into a separate written agreement that provides for**  
2 **different time frames than those specified in this section."**

3 Renumber all SECTIONS consecutively.

(Reference is to EHB 1271 as printed February 13, 2026.)