



# COMMITTEE REPORT

**MR. PRESIDENT:**

**The Senate Committee on Appropriations, to which was referred Engrossed House Bill No. 1271, 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 31, delete "benefit" and insert "**benefits**".
- 2           Page 4, delete lines 27 through 29, begin a new line block indented
- 3           and insert:
- 4           **"(1) A policy of accident and sickness insurance (as defined in**
- 5           **IC 27-8-5-1)."**
- 6           Page 4, delete lines 36 through 39, begin a new line block indented
- 7           and insert:
- 8           **"(1) An insurer (as defined in IC 27-1-2-3(x)) that issues a**
- 9           **policy of accident and sickness insurance (as defined in**
- 10          **IC 27-8-5-1)."**
- 11          Page 6, line 32, after "to" insert "**claims submitted under**".
- 12          Page 7, delete lines 11 through 37, begin a new paragraph and
- 13          insert:
- 14          "SECTION 10. IC 27-8-5.7-10, AS ADDED BY P.L.55-2006,
- 15          SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 16          JULY 1, 2026]: Sec. 10. (a) An insurer may not, more than ~~two (2)~~
- 17          **years one hundred eighty (180) days** after the date on which an
- 18          overpayment on a provider claim was made to the provider by the
- 19          insurer:

- 1 (1) request that the provider repay the overpayment; or  
 2 (2) adjust a subsequent claim filed by the provider as a method of  
 3 obtaining reimbursement of the overpayment from the provider.

4 **(b) An insurer may not recoup a paid claim more than one**  
 5 **hundred eighty (180) days after the date on which the claim was**  
 6 **initially paid.**

7 **(c) An insurer may not retroactively audit a paid claim more**  
 8 **than three (3) years after the date on which the claim was initially**  
 9 **paid.**

10 ~~(b) (d)~~ An insurer may not be required to correct a payment error to  
 11 a provider more than two (2) years after the date on which a payment  
 12 on a provider claim was made to the provider by the insurer: if notice  
 13 of the payment error is not provided within one hundred eighty  
 14 (180) days after payment for a fully adjudicated claim is received.

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

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

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

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

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

- 32 (1) request that the provider repay the overpayment; or  
 33 (2) adjust a subsequent claim filed by the provider as a method of  
 34 obtaining reimbursement of the overpayment from the provider.

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

38 **(c) A health maintenance organization may not retroactively**

1 **audit a paid claim more than three (3) years after the date on**  
2 **which the claim was initially paid.**

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

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

14 **(f) Notwithstanding subsections (a) through (d), a health**  
15 **maintenance organization and a hospital licensed under IC 16-21**  
16 **may enter into a separate written agreement that provides for**  
17 **different time frames than those specified in this section."**

18 Renumber all SECTIONS consecutively.  
(Reference is to EHB 1271 as printed February 13, 2026.)

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

Committee Vote: Yeas 11, Nays 1.

**Mishler**

**Chairperson**