IC 12-15-29

Chapter 29. Insurance

IC 12-15-29-0.5

"Insurer"

Sec. 0.5. As used in this chapter, "insurer" includes a pharmacy benefit manager.

As added by P.L.197-2013, SEC.14.

IC 12-15-29-1

Insurers; authorization to release information

Sec. 1. An applicant for or a recipient of Medicaid is considered to have authorized an insurer to release to the office information needed by the office to secure or enforce the office's rights under Medicaid.

As added by P.L.2-1992, SEC.9.

IC 12-15-29-2

Requests for information from insurers; limitation

Sec. 2. (a) Subject to subsection (b), an insurer shall furnish records or information pertaining to the coverage of an individual for the individual's medical costs under an individual or a group policy or other obligation, or the medical benefits paid or claims made under a policy or an obligation, if the office or its agent does the following:

(1) Requests the information electronically or by United States mail.

(2) Certifies that the individual is:

(A) a Medicaid applicant or recipient; or

(B) a person who is legally responsible for the applicant or recipient.

(b) The office may request only the records or information necessary to determine whether insurance benefits have been or should have been claimed and paid with respect to items of medical care and services that were received by a particular individual and for which Medicaid coverage would otherwise be available.

As added by P.L.2-1992, SEC.9. Amended by P.L.187-2007, SEC.4; P.L.234-2007, SEC.209; P.L.3-2008, SEC.94.

IC 12-15-29-3

Guidelines for information requests

Sec. 3. The administrator and the insurance commissioner shall establish guidelines for information requests under this chapter.

As added by P.L.2-1992, SEC.9.

IC 12-15-29-4

Direct payments by insurers to office; amount of payments

Sec. 4. (a) If:

(1) an insurer has not discharged the insurer's obligation to make payments to an individual for medical services;

(2) the individual has received Medicaid from the office; and

(3) the insurer has received notice that Medicaid has been furnished to the individual;

the insurer shall make payments directly to the office.

(b) The payments under subsection (a) may not exceed the amount of Medicaid paid by the office.

As added by P.L.2-1992, SEC.9.

IC 12-15-29-4.5

Insurer's acceptance of Medicaid claims

Sec. 4.5. (a) An insurer shall accept a Medicaid claim for a Medicaid recipient for three (3) years from the date the service was provided.

(b) An insurer may not deny a Medicaid claim submitted by the office solely on the basis of:

(1) the date of submission of the claim;

(2) the type or format of the claim form;

(3) the method of submission of the claim; or

(4) a failure to provide proper documentation at the point of sale that is the basis of the claim;

if the claim is submitted by the office within three (3) years from the date the service was provided as required in subsection (a) and the office commences action to enforce the office's rights regarding the claim within six (6) years of the office's submission of the claim.

(c) An insurer may not deny a Medicaid claim submitted by the office solely due to a lack of prior authorization. An insurer shall conduct the prior authorization on a retrospective basis for claims where prior authorization is necessary and adjudicate any claim authorized in this manner as if the claim received prior authorization.

As added by P.L.187-2007, SEC.5.

IC 12-15-29-5

Medicaid furnished by office; insurer put on notice of claim by office; insurer paying person or entity other than office; office's claim not discharged

Sec. 5. An insurer:

(1) that is put on notice of a claim by the office under section 4 of this chapter; and

(2) proceeds to pay the claim to a person or an entity other than the office;

is not discharged from payment of the office's claim.

As added by P.L.2-1992, SEC.9.

IC 12-15-29-6

Payment by insurer to office; discharge of obligation

Sec. 6. Payment to the office by an insurer under section 4 of this chapter discharges the insurer's obligation with respect to further payment on the claim for the amount paid.

As added by P.L.2-1992, SEC.9.

IC 12-15-29-7

Notice to insurer that Medicaid has been furnished; requirements; notification given office by insurer; payment of claim

Sec. 7. (a) The notice requirements of section 4 of this chapter are satisfied if:

(1) the insurer receives from the office, electronically or by United States mail, a statement of the claims paid or medical services rendered by the office, together with a claim for reimbursement; or

(2) the insurer receives a claim from a beneficiary stating that the beneficiary has applied for or has received Medicaid from the office in connection with the same claim.

(b) An insurer that receives a claim under subsection (a)(2) shall notify the office of the insurer's obligation on the claim and shall:

(1) pay the obligation to the provider of service; or

(2) if the office has provided Medicaid, pay the office.

As added by P.L.2-1992, SEC.9. Amended by P.L.187-2007, SEC.6.

IC 12-15-29-8

Unlawful insurance clause

Sec. 8. A clause of an insurance contract, plan, or agreement administered by an insurer is void if the clause limits or excludes enrollment or payments to an individual who is eligible for Medicaid.

As added by P.L.2-1992, SEC.9. Amended by P.L.46-1995, SEC.41.

IC 12-15-29-9

State's acquisition of person's right to payment

Sec. 9. (a) IC 27-8-23 applies to this section.

(b) To the extent that payment for covered medical expenses has been made under the state Medicaid program for health care items or services furnished to a person, in a case where a third party has a legal liability to make payments, the state is considered to have acquired the rights of the person to payment by any other party for the health care items or services.

(c) As required under 42 U.S.C. 1396a(a)(25), an insurer shall accept the state's right of recovery and the assignment to the state of any right of the individual or entity to payment for a health care item or service for which payment has been made under the state Medicaid plan.

As added by P.L.46-1995, SEC.42. Amended by P.L.187-2007, SEC.7.

IC 12-15-29-10

Employer sponsored health insurance to include coverage for child

Sec. 10. (a) IC 27-8-23 and IC 31-16-15 apply to this section.

(b) This section does not apply if an employer has eliminated family health coverage for all of its employees.

(c) Whenever a parent is required by a court or an administrative order to provide health coverage for a child and the parent is eligible for family health coverage through an employer doing business in Indiana, the employer shall provide family health coverage to the

child in the manner described under IC 27-8-23-6 and in the notice under IC 31-16-15-4.5(b). In addition, the employer shall:

(1) withhold from the employee's compensation the employee's share, if any, of premiums for health coverage; and

(2) pay that amount to the insurer.

(d) Upon the initiation of withholding under subsection (c), an employee whose applicable child support order did not include a deduction from weekly available income for the cost of the health care premium is entitled to a modification of the child support order, taking into account the payments made as of the date withholding began.

As added by P.L.46-1995, SEC.43. Amended by P.L.80-2010, SEC.20.