

health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients' rights and responsibilities.

**(b) Functions of study**

The study required by subsection (a) shall—

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service's payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers.

**(c) Report to Congress**

Not later than 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report that includes—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94-437, title II, § 219, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4557.)

REFERENCES IN TEXT

The Indian Self-Determination Act (25 U.S.C. 450f et seq.), referred to in subsec. (a), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which was classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

**§ 1621s. Prompt action on payment of claims**

**(a) Time of response**

The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

**(b) Failure to timely respond**

If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

**(c) Time of payment**

The Service shall pay a completed contract care service claim within 30 days after completion of the claim.

(Pub. L. 94-437, title II, § 220, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4558.)

**§ 1621t. Licensing**

Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).<sup>1</sup>

(Pub. L. 94-437, title II, § 221, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559; amended Pub. L. 111-148, title X, § 10221(a), Mar. 23, 2010, 124 Stat. 935.)

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), referred to in text, is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which was classified principally to subchapter II (§450 et seq.) of chapter 14 of this title prior to editorial reclassification as chapter 46 (§5301 et seq.) of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 134(a) of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to demonstration of electronic claims processing.

**§ 1621u. Liability for payment**

**(a) No patient liability**

A patient who receives contract health care services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

**(b) Notification**

The Secretary shall notify a contract care provider and any patient who receives contract health care services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of contract care services.

**(c) No recourse**

Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 1621s(b) of this title, the provider shall have no further recourse against the patient who received the services.

(Pub. L. 94-437, title II, § 222, as added Pub. L. 102-573, title II, § 215, Oct. 29, 1992, 106 Stat. 4559;

<sup>1</sup> See References in Text note below.