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DIVISION 1. PERSONS [38 - 86] (Heading of Division 1 amended by Stats. 1988, Ch. 160, Sec. 12.)

PART 2.7. Medical Claims Data Error Correction [57- 57.] (Part 2.7 added by Stats. 2012, Ch. 869, Sec. 1.)

- 57. (a) A qualified entity, as defined in Section 1395kk(e)(2) of Title 42 of the United States Code, that receives claims data from a health care service plan or health insurer shall comply with the requirements governing provider and supplier requests for error correction established under Section 401.717 of Title 42 of the Code of Federal Regulations for all claims data received, including data from sources other than Medicare.
- (b) For purposes of this section, the following definitions apply:
 - (1) "Provider" means a hospital, a skilled nursing facility, a comprehensive outpatient rehabilitation facility, a home health agency, a hospice, a clinic, or a rehabilitation agency.
 - (2) "Supplier" means a physician and surgeon or other health care practitioner, or an entity that furnishes health care services other than a provider.

(Added by Stats. 2012, Ch. 869, Sec. 1. (SB 1196) Effective January 1, 2013.)