

# SENATE MOTION

**MADAM PRESIDENT:**

**I move** that Engrossed House Bill 1300 be amended to read as follows:

- 1           Page 2, between lines 8 and 9, begin a new paragraph and insert:  
2           "SECTION 2. IC 27-8-5.4 IS ADDED TO THE INDIANA CODE  
3           AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
4           JULY 1, 2009]:  
5           **Chapter 5.4. Payment to Noncontracted Dental Providers**  
6           **Sec. 1. Except as provided in sections 2 and 4 of this chapter, the**  
7           **definitions in IC 27-8-11-1 apply throughout this chapter.**  
8           **Sec. 2. As used in this chapter, "insurer" means an insurer that**  
9           **issues a policy of accident and sickness insurance (as defined in**  
10           **IC 27-8-5-1) that provides coverage for dental services.**  
11           **Sec. 3. As used in this chapter, "noncontracted provider" means**  
12           **a provider that has not entered into an agreement with an insurer**  
13           **under IC 27-8-11-3.**  
14           **Sec. 4. As used in this chapter, "provider" refers to a provider**  
15           **of dental services.**  
16           **Sec. 5. If an insured:**  
17           **(1) receives covered dental services:**  
18           **(A) that are provided by a noncontracted provider; and**  
19           **(B) for which:**  
20           **(i) the total cost is at least one hundred dollars (\$100);**  
21           **and**  
22           **(ii) a claim is submitted on the appropriate claim form;**  
23           **and**  
24           **(2) provides written notice to the insurer that the insurer**  
25           **should directly pay the noncontracted provider for the dental**  
26           **services;**  
27           **the insurer shall make a benefit payment directly to the**  
28           **noncontracted provider for the covered dental services.**  
29           **Sec. 6. If an insurer makes a payment directly to a**  
30           **noncontracted provider pursuant to written notice provided under**  
31           **section 5 of this chapter, the noncontracted provider shall provide**

1 written notice to the insured:

- 2 (1) stating that the payment has been made; and  
 3 (2) setting forth any balance due to the noncontracted  
 4 provider from the insured.

5 Sec. 7. (a) Except as provided in subsection (c), before a  
 6 noncontracted provider renders a dental service to an insured, the  
 7 noncontracted provider or an agent of the noncontracted provider  
 8 shall disclose to the insured in writing the following applicable  
 9 information:

10 (1) That the noncontracted provider has not entered into a  
 11 agreement with the insurer under IC 27-8-11-3 to provide  
 12 dental services to the insured.

13 (2) That the insured may be billed for dental services for  
 14 which payment is not made by the insurer.

15 (b) If the disclosure required under this section is included in a  
 16 document containing consent for treatment, the disclosure must be  
 17 conspicuously displayed.

18 (c) A disclosure is not required under this section if the  
 19 noncontracted provider does not know and could not reasonably  
 20 know that the insured is covered under a policy issued by an  
 21 insurer with which the noncontracted provider has not entered into  
 22 an agreement for the delivery of dental services.

23 Sec. 8. This chapter does not prohibit an insurer from  
 24 voluntarily issuing a direct payment to a noncontracted provider.

25 SECTION 3. IC 27-13-36.4 IS ADDED TO THE INDIANA CODE  
 26 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 27 JULY 1, 2009]:

28 Chapter 36.4. Payment to a Nonparticipating Dental Provider

29 Sec. 1. As used in this chapter, "nonparticipating provider"  
 30 means a provider that has not entered into an agreement with a  
 31 limited service health maintenance organization that provides  
 32 coverage for dental services.

33 Sec. 2. Notwithstanding IC 27-13-1-28, as used in this chapter,  
 34 "provider" refers to a provider of dental services.

35 Sec. 3. If an enrollee:

- 36 (1) receives covered dental services:  
 37 (A) that are provided by a nonparticipating provider; and  
 38 (B) for which:  
 39 (i) the total cost is at least one hundred dollars (\$100);  
 40 and  
 41 (ii) a claim is submitted on the appropriate claim form;  
 42 and

43 (2) provides written notice to the limited service health  
 44 maintenance organization that the limited service health  
 45 maintenance organization should directly pay the  
 46 nonparticipating provider for the dental services;  
 47 the limited service health maintenance organization shall make a  
 48 benefit payment directly to the nonparticipating provider for the

1 covered dental services.

2       **Sec. 4. If a limited service health maintenance organization**  
3 **makes a payment directly to a nonparticipating provider for a**  
4 **covered dental service pursuant to written notice provided under**  
5 **section 3 of this chapter, the nonparticipating provider shall**  
6 **provide written notice to the enrollee:**

- 7           (1) **stating that the payment has been made; and**  
8           (2) **setting forth any balance due to the nonparticipating**  
9 **provider from the enrollee.**

10       **Sec. 5. (a) Except as provided in subsection (c), before a**  
11 **nonparticipating provider renders a dental service to an enrollee,**  
12 **the nonparticipating provider or an agent of the nonparticipating**  
13 **provider shall disclose to the enrollee in writing the following**  
14 **applicable information:**

- 15           (1) **That the nonparticipating provider has not entered into an**  
16 **agreement with the limited service health maintenance**  
17 **organization to provide dental services to the enrollee.**  
18           (2) **That the enrollee may be billed for dental services for**  
19 **which payment is not made by the limited service health**  
20 **maintenance organization.**

21       **(b) If the disclosure required under this section is included in a**  
22 **document containing consent for treatment, the disclosure must be**  
23 **conspicuously displayed.**

24       **(c) A disclosure is not required under this section if the**  
25 **nonparticipating provider does not know and could not reasonably**  
26 **know that the enrollee is covered by a limited service health**  
27 **maintenance organization with which the nonparticipating**  
28 **provider has not entered into an agreement for the delivery of**  
29 **dental services.**

30       **Sec. 6. This chapter does not prohibit a limited service health**  
31 **maintenance organization from voluntarily issuing a direct**  
32 **payment to a nonparticipating provider."**

33       Renumber all SECTIONS consecutively.  
      (Reference is to EHB 1300 as printed March 27, 2009.)

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Senator BOOTS