

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 27-8-5.9 IS ADDED TO THE INDIANA CODE
3 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
4 JULY 1, 2009]:
5 **Chapter 5.9. Assignment of Benefits**
6 **Sec. 1. The definitions in IC 27-8-11-1 apply throughout this**
7 **chapter.**
8 **Sec. 2. As used in this chapter, "contracted provider" means a**
9 **provider that has entered into an agreement with an insurer under**
10 **IC 27-8-11-3.**
11 **Sec. 3. As used in this chapter, "covered individual" means an**
12 **individual who is entitled to coverage under a policy.**
13 **Sec. 4. As used in this chapter, "emergency" means a medical**
14 **condition that arises suddenly and unexpectedly and manifests**
15 **itself by acute symptoms of such severity, including severe pain,**
16 **that the absence of immediate medical attention could reasonably**
17 **be expected by a prudent layperson who possesses an average**
18 **knowledge of health and medicine to:**
19 **(1) place an individual's health in serious jeopardy;**
20 **(2) result in serious impairment to the individual's bodily**
21 **functions; or**
22 **(3) result in serious dysfunction of a bodily organ or part of**
23 **the individual.**
24 **Sec. 5. As used in this chapter, "health care services" includes**
25 **ambulance services.**
26 **Sec. 6. As used in this chapter, "noncontracted provider" means**
27 **a provider that has not entered into an agreement with an insurer**
28 **under IC 27-8-11-3.**
29 **Sec. 7. (a) Except as provided in subsection (b), if a policy**
30 **provides coverage for a health care service that is rendered by a**
31 **noncontracted provider:**

1 (1) who renders the health care service on an emergency basis
 2 in a hospital or an ambulatory outpatient surgical center and
 3 submits a claim for the health care service on the appropriate
 4 insurer claim form;

5 (2) who renders the health care service as:

6 (A) an anesthesiologist;

7 (B) a pathologist; or

8 (C) a radiologist;

9 in a hospital or an ambulatory outpatient surgical center with
 10 which the insurer has entered into a contract under
 11 IC 27-8-11-3; or

12 (3) that is chosen by a provider described in subdivision (1) or

13 (2) without the specific consent of the covered individual;

14 the insurer shall make a benefit payment directly to the
 15 noncontracted provider for the health care service and send
 16 written notice of the payment to the covered individual or the
 17 authorized representative of the covered individual.

18 (b) An insurer is not required to make a benefit payment
 19 directly to a noncontracted provider described in subsection (a) if
 20 the noncontracted provider has been convicted of fraud.

21 (c) This section does not require:

22 (1) coverage for benefits not covered under the terms of a
 23 policy; or

24 (2) payment to a noncontracted provider that is not eligible
 25 for a benefit payment under the terms of a policy.

26 **Sec. 8. If:**

27 (1) a noncontracted provider is entitled to a direct benefit
 28 payment under section 7 of this chapter; and

29 (2) there is a good faith dispute regarding the:

30 (A) legitimacy of the claim relating to the health care
 31 service rendered;

32 (B) appropriate amount of reimbursement for the claim;

33 or

34 (C) authorization for the assignment of benefits;

35 the insurer, not more than fourteen (14) business days after the
 36 insurer receives the claim and all documentation reasonably
 37 necessary to determine claim payment, shall provide notice of the
 38 dispute to the noncontracted provider or the noncontracted
 39 provider's authorized representative.

40 SECTION 3. IC 27-13-36.3 IS ADDED TO THE INDIANA CODE
 41 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 42 JULY 1, 2009]:

43 **Chapter 36.3. Payment to Nonparticipating Providers**

44 **Sec. 1.** As used in this chapter, "health care services", in
 45 addition to having the meaning set forth in IC 27-13-1-18, includes
 46 ambulance services.

47 **Sec. 2.** As used in this chapter, "health maintenance
 48 organization", in addition to having the meaning set forth in

1 IC 27-13-1-19, includes a limited service health maintenance
2 organization.

3 Sec. 3. As used in this chapter, "nonparticipating provider"
4 means a provider that has not entered into an agreement described
5 in IC 27-13-1-24.

6 Sec. 4. As used in this chapter, "provider", in addition to having
7 the meaning set forth in IC 27-13-1-28, includes an ambulance
8 service provider.

9 Sec. 5. Except as provided in subsection (b), if an individual
10 contract or a group contract provides coverage for a health care
11 service that is rendered by a nonparticipating provider:

12 (1) who renders the health care service on an emergency basis
13 in a hospital or an ambulatory outpatient surgical center and
14 submits a claim for the health care service on the appropriate
15 claim form;

16 (2) who renders the health care service as:

17 (A) an anesthesiologist;

18 (B) a pathologist; or

19 (C) a radiologist;

20 in a hospital or an ambulatory outpatient surgical center that
21 is a participating provider; or

22 (3) that is chosen by a provider described in subdivision (1) or

23 (2) without the specific consent of the enrollee;

24 the health maintenance organization shall make a benefit payment
25 directly to the nonparticipating provider for the health care service
26 and send written notice of the payment to the enrollee or the
27 authorized representative of the enrollee.

28 (b) A health maintenance organization is not required to make
29 a benefit payment directly to a nonparticipating provider
30 described in subsection (a) if the nonparticipating provider has
31 been convicted of fraud.

32 (c) This section does not require:

33 (1) coverage for benefits not covered under the terms of an
34 individual contract or a group contract; or

35 (2) payment to a nonparticipating provider that is not eligible
36 for a benefit payment under the terms of an individual
37 contract or a group contract.

38 Sec. 6. If:

39 (1) a nonparticipating provider is entitled to a direct benefit
40 payment under section 5 of this chapter; and

41 (2) there is a good faith dispute regarding the:

42 (A) legitimacy of the claim relating to the services
43 rendered;

44 (B) appropriate amount of reimbursement for the claim;
45 or

46 (C) payment of the claim under the terms of the individual
47 contract or group contract;

48 the health maintenance organization, not more than fourteen (14)

1 **business days after the health maintenance organization receives**
2 **the claim and all documentation reasonably necessary to determine**
3 **claim payment, shall provide notice of the dispute to the**
4 **nonparticipating provider or the nonparticipating provider's**
5 **authorized representative."**

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

Senator MILLER