PROPOSED AMENDMENT

ES 132 # 14

DIGEST

Third party access to dental provider networks. Adds a definition of "dental plan" to the chapter regarding third party access to dental provider networks. Provides that certain conditions for granting third party access to dental provider networks do not apply to: (1) access granted by a contracting entity to a third party if the contracting entity is a dental carrier that retains responsibility for administering the dental plan in accordance with its applicable provider network contracts, including all fee schedules and processing policies; and (2) a provider network contract for dental services provided to beneficiaries of health programs established or maintained by local, state, or federal government.

1	Page 26, between lines 40 and 41, begin a new paragraph and insert:
2	"Sec. 4. (a) As used in this chapter, "dental plan" means any of
3	the following:
4	(1) A policy issued by an insurer (as defined in IC 27-1-2-3(x))
5	that provides coverage for dental services.
6	(2) A contract under which a health maintenance organization
7	(as defined in IC 27-13-1-19) provides or covers dental
8	services.
9	(3) A preferred provider plan (as defined in IC 27-8-11-1(g))
10	that provides or covers dental services.
11	(b) The term does not include the following:
12	(1) A policy providing comprehensive coverage described in
13	Class 1(b) and Class 2(a) of IC 27-1-5-1.
14	(2) Accident only, Medicare supplement, long term care, or
15	disability income insurance.
16	(3) Coverage issued as a supplement to liability insurance.
17	(4) Automobile medical payment insurance.
18	(5) A specified disease policy.
19	(6) Worker's compensation or similar insurance.
20	(7) A student health plan.
21	(8) A supplemental plan that always pays in addition to other
22	coverage.".
23	Page 26 line 41 delete "4" and insert "5"

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1
             Page 27, line 4, delete "5." and insert "6.".
 2
             Page 27, line 9, delete "6." and insert "7.".
 3
             Page 27, line 12, delete "7." and insert "8.".
 4
             Page 27, line 20, delete "8." and insert "9.".
 5
             Page 27, line 28, delete "9." and insert "10.".
 6
             Page 27, line 39, delete "10." and insert "11.".
 7
             Page 28, line 4, delete "16" and insert "17".
 8
             Page 29, line 29, delete "16" and insert "17".
 9
             Page 29, line 34, delete "11." and insert "12.".
10
             Page 29, line 36, delete "10(b)(1)(A)" and insert "11(b)(1)(A)".
11
             Page 29, line 40, delete "12." and insert "13.".
12
             Page 29, line 42, delete "10(a)" and insert "11(a)".
13
             Page 30, line 3, delete "13." and insert "14.".
14
             Page 30, line 4, delete "10(a)(3)" and insert "11(a)(3)".
15
             Page 30, line 6, delete "14." and insert "15.".
16
             Page 30, line 11, delete "15." and insert "16.".
17
             Page 30, line 14, delete "10(b)(1)(A)" and insert "11(b)(1)(A)".
18
             Page 30, line 16, delete "16." and insert "17.".
19
             Page 30, line 16, delete "10" and insert "11".
20
             Page 30, line 17, delete "10(a)" and insert "11(a)".
21
             Page 30, line 21, delete "or".
22
             Page 30, line 22, delete "entity." and insert "entity; or".
23
             Page 30, between lines 22 and 23, begin a new line block indented
24
          and insert:
25
               "(3) a third party if the contracting entity is a dental carrier
26
               that retains responsibility for administering the dental plan in
27
               accordance with its applicable provider network contracts,
28
               including all fee schedules and processing policies.".
29
             Page 30, delete lines 26 through 30, begin a new paragraph and
30
          insert:
31
             "(c) Section 11 of this chapter does not apply to a provider
32
          network contract for dental services provided to beneficiaries of
33
          health programs established or maintained by local, state, or
34
          federal government, such as:
35
               (1) Medicaid established under Title XIX of the federal Social
36
               Security Act (42 U.S.C. 1396 et seq.);
37
               (2) the children's health insurance program established under
38
               Title XXI of the federal Social Security Act (42 U.S.C.
39
               1397aa-1397mm); or
40
               (3) Medicare Advantage.".
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- Page 30, line 31, delete "17." and insert "18.".
- Page 30, line 36, delete "18." and insert "19.".

 (Reference is to ESB 132 as printed February 20, 2024.)

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