



January 29, 2016

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## SENATE BILL No. 30

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DIGEST OF SB 30 (Updated January 27, 2016 12:34 pm - DI 104)

**Citations Affected:** IC 27-1; IC 27-8; IC 27-13.

**Synopsis:** Accident and sickness insurance claim denials. Requires the department of insurance to develop, post, and maintain on the department's Internet web site information concerning internal and external grievances for accident and sickness insurance policies and health maintenance organization contracts. Provides for certain grievance related notice to be provided upon request. Requires the commissioner of insurance to analyze certain complaints received by the department and report a pattern of complaints to the legislative council. (The introduced version of this bill was prepared by the interim study committee on public health, behavioral health, and human services).

**Effective:** July 1, 2016.

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### Miller Patricia

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January 5, 2016, read first time and referred to Committee on Health & Provider Services.  
January 28, 2016, amended, reported favorably — Do Pass.

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SB 30—LS 6076/DI 104





January 29, 2016

Second Regular Session 119th General Assembly (2016)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

## SENATE BILL No. 30

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

*Be it enacted by the General Assembly of the State of Indiana:*

1 SECTION 1. IC 27-1-3-33 IS ADDED TO THE INDIANA CODE  
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
3 1, 2016]: **Sec. 33. The department shall develop, post, and maintain**  
4 **on the department's Internet web site information concerning the**  
5 **internal and external grievance procedures for accident and**  
6 **sickness insurance policies and health maintenance organization**  
7 **contracts. The department shall include on the web site:**

8 (1) **information concerning the process that a consumer**  
9 **should follow in filing an internal grievance or an external**  
10 **grievance; and**  
11 (2) **a telephone number for the department where consumers**  
12 **may call to obtain additional information.**

13 SECTION 2. IC 27-8-28-13 IS AMENDED TO READ AS  
14 FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 13. (a) An insurer shall  
15 provide, **at the request of the insured or covered individual and**  
16 **upon policy issuance, at each policy renewal, and with any notice**  
17 **of denial of a claim,** timely, adequate, and appropriate notice to each

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- 1 insured **and covered individual** of:
- 2 (1) the grievance procedure required under this chapter;
- 3 (2) the external grievance procedure required under IC 27-8-29;
- 4 (3) information on how to file:
- 5 (A) a grievance under this chapter; and
- 6 (B) a request for an external grievance review under
- 7 IC 27-8-29; **and**
- 8 (4) a toll free telephone number through which a covered
- 9 individual may contact the insurer at no cost to the covered
- 10 individual to obtain information and to file grievances; **and**
- 11 **(5) the address for the Internet web site established by the**
- 12 **department under IC 27-1-3-33.**
- 13 (b) An insurer shall prominently display on all notices to covered
- 14 individuals the toll free telephone number and the address at which a
- 15 grievance or request for external grievance review may be filed.
- 16 SECTION 3. IC 27-8-28-19 IS AMENDED TO READ AS
- 17 FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 19. (a) An insurer shall
- 18 each year file with the commissioner a description of the grievance
- 19 procedure of the insurer established under this chapter, including:
- 20 (1) the total number of grievances handled through the procedure
- 21 during the preceding calendar year;
- 22 (2) a compilation of the causes underlying those grievances; and
- 23 (3) a summary of the final disposition of those grievances.
- 24 (b) The information required by subsection (a) must be filed with
- 25 the commissioner on or before March 1 of each year. The
- 26 commissioner shall:
- 27 (1) make the information required to be filed under this section
- 28 available to the public; and
- 29 (2) prepare an annual compilation of the data required under
- 30 subsection (a) that allows for comparative analysis.
- 31 (c) The commissioner may require any additional reports as are
- 32 necessary and appropriate for the commissioner to carry out the
- 33 commissioner's duties under this article.
- 34 **(d) The commissioner shall do the following:**
- 35 **(1) Compile and analyze complaints received by the**
- 36 **department concerning a denial of coverage under an**
- 37 **accident and sickness insurance policy for:**
- 38 **(A) an investigational or experimental treatment; or**
- 39 **(B) a treatment not considered to be medically necessary**
- 40 **for a covered individual.**
- 41 **(2) If the commissioner determines that a pattern of denials of**
- 42 **coverage is evident through the analysis performed under**



1           **subdivision (1), report the pattern to the legislative council in**  
 2           **an electronic format under IC 5-14-6.**

3           **(3) Remove from a report made under subdivision (2) any**  
 4           **information that could be used to identify an individual.**

5           SECTION 4. IC 27-13-8-2 IS AMENDED TO READ AS  
 6           FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 2. (a) In addition to the  
 7           report required by section 1 of this chapter, a health maintenance  
 8           organization shall each year file with the commissioner the following:

9           (1) Audited financial statements of the health maintenance  
 10           organization for the preceding calendar year prepared in  
 11           conformity with statutory accounting practices prescribed or  
 12           otherwise permitted by the department.

13           (2) A list of participating providers who provide health care  
 14           services to enrollees or subscribers of the health maintenance  
 15           organization.

16           (3) A description of the grievance procedure of the health  
 17           maintenance organization:

18           (A) established under IC 27-13-10, including:

19           (i) the total number of grievances handled through the  
 20           procedure during the preceding calendar year;

21           (ii) a compilation of the causes underlying those grievances;  
 22           and

23           (iii) a summary of the final disposition of those grievances;  
 24           and

25           (B) established under IC 27-13-10.1, including:

26           (i) the total number of external grievances handled through  
 27           the procedure during the preceding calendar year;

28           (ii) a compilation of the causes underlying those grievances;  
 29           and

30           (iii) a summary of the final disposition of those grievances;

31           for each independent review organization used by the health  
 32           maintenance organization during the reporting year.

33           (4) The percentage of providers credentialed by the health  
 34           maintenance organization according to the most current standards  
 35           or guidelines, if any, developed by the National Committee on  
 36           Quality Assurance or a successor organization.

37           (5) The RBC report required under IC 27-1-36-25.

38           (6) The health maintenance organization's Health Plan Employer  
 39           Data and Information Set (HEDIS) data.

40           (b) The information required by subsection (a)(2) through (a)(5)  
 41           must be filed with the commissioner on or before March 1 of each year.

42           The audited financial statements required by subsection (a)(1) must be



1 filed with the commissioner on or before June 1 of each year. The  
 2 health maintenance organization's HEDIS data required by subsection  
 3 (a)(6) must be filed with the commissioner on or before July 1 of each  
 4 year. The commissioner shall:

5 (1) make the information required to be filed under this section  
 6 available to the public; and

7 (2) prepare an annual compilation of the data required under  
 8 ~~subsections~~ **subsection** (a)(3), (a)(4), and (a)(6) that allows for  
 9 comparative analysis.

10 (c) Upon a determination by a health maintenance organization's  
 11 auditor that the health maintenance organization:

12 (1) does not meet the requirements of IC 27-13-12-3; or

13 (2) is in the condition described in IC 27-13-24-1(a)(5);

14 the health maintenance organization shall notify the commissioner  
 15 within five (5) business days after the auditor's determination.

16 (d) The commissioner may require any additional reports as are  
 17 necessary and appropriate for the commissioner to carry out the  
 18 commissioner's duties under this article.

19 **(e) The commissioner shall do the following:**

20 **(1) Compile and analyze complaints received by the**  
 21 **department concerning a denial of coverage under an**  
 22 **individual contract or a group contract for:**

23 **(A) an investigational or experimental treatment; or**

24 **(B) a treatment not considered to be medically necessary**  
 25 **for an enrollee.**

26 **(2) If the commissioner determines that a pattern of denials of**  
 27 **coverage is evident through the analysis performed under**  
 28 **subdivision (1), report the pattern to the legislative council in**  
 29 **an electronic format under IC 5-14-6.**

30 **(3) Remove from a report made under subdivision (2) any**  
 31 **information that could be used to identify an individual.**

32 SECTION 5. IC 27-13-10-4 IS AMENDED TO READ AS  
 33 FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 4. (a) A health  
 34 maintenance organization shall provide, **at the request of the enrollee**  
 35 **or subscriber and upon contract issuance, at each contract**  
 36 **renewal, and with any notice of denial of a claim,** timely, adequate,  
 37 and appropriate notice to each enrollee or subscriber of:

38 (1) the grievance procedure under this chapter and IC 27-13-10.1;

39 (2) **information on how to file:**

40 **(A) a grievance under this chapter; and**

41 **(B) a request for an external grievance review under**  
 42 **IC 27-13-10.1; and**



1           **(3) the address for the Internet web site established by the**  
2           **department under IC 27-1-3-33.**

3           (b) A health maintenance organization shall prominently display on  
4 all notices to enrollees and subscribers the telephone number and  
5 address at which a grievance may be filed.

6           (c) A written description of the enrollee's or subscriber's right to file  
7 a grievance must be posted by the provider in a conspicuous public  
8 location in each facility that offers services on behalf of a health  
9 maintenance organization.



## COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 30, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 15, after "provide" insert ", **at the request of the insured or covered individual and**".

Page 2, delete lines 30 through 42.

Page 3, line 1, reset in roman "(c)".

Page 3, line 1, delete "(d)".

Page 3, between lines 3 and 4, begin a new paragraph and insert:

**"(d) The commissioner shall do the following:**

**(1) Compile and analyze complaints received by the department concerning a denial of coverage under an accident and sickness insurance policy for:**

**(A) an investigational or experimental treatment; or**

**(B) a treatment not considered to be medically necessary for a covered individual.**

**(2) If the commissioner determines that a pattern of denials of coverage is evident through the analysis performed under subdivision (1), report the pattern to the legislative council in an electronic format under IC 5-14-6.**

**(3) Remove from a report made under subdivision (2) any information that could be used to identify an individual."**

Page 4, delete lines 15 through 30.

Page 4, line 31, reset in roman "(d)".

Page 4, line 31, delete "(e)".

Page 4, between lines 33 and 34, begin a new paragraph and insert:

**"(e) The commissioner shall do the following:**

**(1) Compile and analyze complaints received by the department concerning a denial of coverage under an individual contract or a group contract for:**

**(A) an investigational or experimental treatment; or**

**(B) a treatment not considered to be medically necessary for an enrollee.**

**(2) If the commissioner determines that a pattern of denials of coverage is evident through the analysis performed under subdivision (1), report the pattern to the legislative council in an electronic format under IC 5-14-6.**

**(3) Remove from a report made under subdivision (2) any information that could be used to identify an individual."**





Page 4, line 36, after "provide" insert ", **at the request of the enrollee or subscriber and**".

and when so amended that said bill do pass.

(Reference is to SB 30 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 9, Nays 0.

