

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 ENROLLED ACT No. 30

AN ACT to amend the Indiana Code concerning insurance.

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

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

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

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

- (1) the grievance procedure required under this chapter;
- (2) the external grievance procedure required under IC 27-8-29;
- (3) information on how to file:

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- (A) a grievance under this chapter; and
- (B) a request for an external grievance review under IC 27-8-29; ~~and~~
- (4) a toll free telephone number through which a covered individual may contact the insurer at no cost to the covered individual to obtain information and to file grievances; **and**
- (5) the address for the Internet web site established by the department under IC 27-1-3-33.**

(b) An insurer shall prominently display on all notices to covered individuals the toll free telephone number and the address at which a grievance or request for external grievance review may be filed.

SECTION 3. IC 27-8-28-19 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 19. (a) An insurer shall each year file with the commissioner a description of the grievance procedure of the insurer established under this chapter, including:

- (1) the total number of grievances handled through the procedure during the preceding calendar year;
- (2) a compilation of the causes underlying those grievances; and
- (3) a summary of the final disposition of those grievances.

(b) The information required by subsection (a) must be filed with the commissioner on or before March 1 of each year. The commissioner shall:

- (1) make the information required to be filed under this section available to the public; and
- (2) prepare an annual compilation of the data required under subsection (a) that allows for comparative analysis.

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

(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.**



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

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

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

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

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

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

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

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

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

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

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

(iii) a summary of the final disposition of those grievances; for each independent review organization used by the health maintenance organization during the reporting year.

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

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

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

(b) The information required by subsection (a)(2) through (a)(5) must be filed with the commissioner on or before March 1 of each year. The audited financial statements required by subsection (a)(1) must be filed with the commissioner on or before June 1 of each year. The health maintenance organization's HEDIS data required by subsection (a)(6) must be filed with the commissioner on or before July 1 of each year. The commissioner shall:



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

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

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

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

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

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

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

(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.

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

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

(2) information on how to file:

(A) a grievance under this chapter; and

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

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

(b) A health maintenance organization shall prominently display on



all notices to enrollees and subscribers the telephone number and address at which a grievance may be filed.

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



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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