

IC 27-13-37

Chapter 37. Patient Protection; Choice of Health Care Professional

IC 27-13-37-1

Enrollees allowed to choose primary care provider from list

Sec. 1. (a) A health maintenance organization shall allow each enrollee of the health maintenance organization to choose the enrollee's own primary care provider from a list of participating primary care providers within the health maintenance organization.

(b) The list described in subsection (a) shall be updated semiannually and must include a sufficient number of primary care providers that accept new enrollees. The list must be:

- (1) provided to each enrollee annually; and
- (2) sent to an enrollee at the enrollee's request.

As added by P.L.69-1998, SEC.15.

IC 27-13-37-2

Use of participating provider other than primary care provider

Sec. 2. (a) Each health maintenance organization shall develop a system to allow an enrollee to use an appropriate participating provider to manage the enrollee's medical condition when the enrollee's primary care provider determines that the use of another appropriate participating provider is warranted by the enrollee's medical condition.

(b) A primary care provider who makes the required determination under subsection (a) shall refer the enrollee to a participating provider whom the primary care provider determines is appropriate.

(c) A health maintenance organization shall provide coverage under this section for treatment received by an enrollee from an appropriate participating provider when the enrollee is referred to the participating provider as provided in this section for as long as the treatment is appropriate for the medical condition, subject to the terms and conditions of the enrollee's contract with the health maintenance organization.

(d) A contract between a health maintenance organization and a primary care provider may not provide for a financial or other penalty to the primary care provider for making a referral allowed under this section.

As added by P.L.69-1998, SEC.15.

IC 27-13-37-3

Continuity of care and referrals when specialty care warranted

Sec. 3. Beginning July 1, 1999, each health maintenance organization shall provide continuity of care and referral to appropriate participating providers when specialty care is warranted, including the following:

- (1) Enrollees have access to appropriate participating providers on a timely basis.

(2) Enrollees have a choice of appropriate participating providers when a referral is made.

As added by P.L.69-1998, SEC.15.

IC 27-13-37-4

Point-of-service products; dental care services

Sec. 4. (a) Each health maintenance organization shall offer to each purchaser of a group contract or individual contract a point-of-service product to the extent permitted by IC 27-13-13-8.

(b) Beginning July 1, 2001, a limited service health maintenance organization that provides dental care services shall offer to each purchaser of a group contract or individual contract:

- (1) a point-of-service product to the extent permitted by IC 27-13-34-10(a)(6);
- (2) a preferred provider plan (as defined in IC 27-8-11-1); or
- (3) a policy of accident and sickness insurance (as defined in IC 27-8-5-1);

that provides dental care services.

As added by P.L.69-1998, SEC.15. Amended by P.L.91-2000, SEC.3.

IC 27-13-37-5

Second medical opinions

Sec. 5. Each health maintenance organization shall allow an enrollee who has received a medical opinion from a participating provider to obtain a second medical opinion from an appropriate participating provider concerning the enrollee's medical condition at the enrollee's request.

As added by P.L.69-1998, SEC.15.