2020 Indiana Healthcare Policy Update

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September 18, 2020
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Today’s Focus

House Enrolled Act 1004
Representative Ben Smaltz

Senate Enrolled Act 5
Senator Ed Charbonneau

19 Related Healthcare bills in the beginning of session

ACTUALLY PASSED

13
Practitioners, Providers and Insurers

- For non-emergency ordered or scheduled medical services.
- If an individual requests the price of an ordered service from a provider, practitioner or insurer, the individual must be given a comprehensive good faith estimate of the price they will be charged for the episode of care.
- The estimate must be comprehensive- including all services, medication, supplies, equipment, fees, and material items associated with the care provided.
- If insured, the estimate must reflect the negotiated rate based on the individual's health plan.
- An insurer must give estimate that includes consideration of deductibles and co-pays.
- These estimates must be given within 5 business days of request and are valid for 30 days, are non-binding and must be given in writing, email or electronic application.

Effective July 1, 2020.
House Enrolled Act 1004: Out-of-Network Charges

- **Patient not responsible for charges above network rates**
  - If a covered individual goes to an in-network healthcare facility and is treated by an out-of-network practitioner or provider, the patient is held harmless for costs that go above in-network levels for these services.

- **Informed Consent**
  - An out-of-network practitioner at an in-network facility may not be reimbursed more than allowed under the individual’s network plan unless the individual signs a statement 5 days prior to service, which clearly states the patient agrees to be charged more than the allowed rate under the individual’s plan and the specific amount.
  - If the covered individual has not agreed to pay out-of-network prices, the out-of-network practitioner must include in any bill to the individual, a statement that the individual is not responsible to compensate the practitioner more than the allowed rate of the covered individual’s network plan.

- Does not cover emergency services including emergency transport and effective July 1, 2020.
House Enrolled Act 1004: Out of Network Charges

- **Transparency**
  - Practitioners, Hospitals, Ambulatory Outpatient Surgery Centers must provide individuals a Good Faith Estimate (GFE) (non-binding) of the price they will be charged 5 days prior to scheduled service.

- Effective July 1, 2021.
Senate Enrolled Act 5: Posting Average Negotiated Rate
Effective March 31, 2021

Hospital and Ambulatory Surgery Centers
- Must post on their website the weighted average negotiated charge for 70 shoppable services as well as the 30 most common services provided by the facility for 5 different payers.

Urgent Care Facilities
- Must post on their website the weighted average negotiated charge for 15 of the most common services they provide for 5 different payers.

Commercial Insurance  Medicare  Self Pay  Self-pay with charitable assistance  Medicaid

Payers

SEA 5 Latest Version
All Payer Claims Database (APCD)

- Purpose of APCD is to gather data on health claims (HIPAA Compliant)
  - Use that data to inform policy, and identify health care needs
  - Compare price and quality between various treatment settings
  - Provide information to consumers and purchasers of health care
  - Improve quality and affordability of health care
- Outlines the Request for Information (RFI) and Request for Proposal (RFP) process.
- Must be run by private, nongovernmental entity.
- Department of Insurance will finalize decision by November 30, 2021.
Senate Enrolled Act 5: Gag Clauses

- Banning Gag Clauses in Provider-Insurer Contracts
  - A health provider contract, including contracts with pharmacy benefit managers or health facilities, may not prohibit disclosure of health care service claims data to employers providing the coverage.
  - Must comply with HIPAA regulations.
  - Applies to contracts entered into or renewed after June 30, 2020.
Thank you

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