

IC 27-1-37

Chapter 37. Health Provider Contracts

IC 27-1-37-1

"Emergency" defined

Sec. 1. As used in this chapter, "emergency" means a medical condition that arises suddenly and unexpectedly and manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person who possesses an average knowledge of health and medicine to:

- (1) place an individual's health in serious jeopardy;
- (2) result in serious impairment to the individual's bodily functions; or
- (3) result in serious dysfunction of a bodily organ or part of the individual.

As added by P.L.197-2001, SEC.1.

IC 27-1-37-2

"Health maintenance organization" defined

Sec. 2. As used in this chapter, "health maintenance organization" means a person that undertakes to provide or arrange for the delivery of health care services to individuals on a prepaid basis, except for the individual's responsibility for copayments or deductibles. The term includes a limited service health maintenance organization. The term does not include a staff-model health maintenance organization that employs a group of providers and that requires the providers to provide health care services solely to individuals who are entitled to coverage under a contract with the staff-model health maintenance organization or an affiliate of the staff-model health maintenance organization.

As added by P.L.197-2001, SEC.1.

IC 27-1-37-3

"Health provider contract" defined

Sec. 3. As used in this chapter, "health provider contract" means an agreement with a provider relating to terms and conditions of reimbursement for health care services provided to an individual under:

- (1) an employee welfare benefit plan (as defined in 29 U.S.C. 1002 et seq.);
 - (2) a policy of accident and sickness insurance (as defined in IC 27-8-5-1);
 - (3) a contract with a health maintenance organization;
 - (4) a self-insurance program established under IC 5-10-8-7(b);
- or
- (5) a prepaid health care delivery plan entered into under IC 5-10-8-7(c).

As added by P.L.197-2001, SEC.1.

IC 27-1-37-4

"Person" defined

Sec. 4. (a) As used in this chapter, "person" means an individual, an agency, a political subdivision, a partnership, a corporation, an association, or any other entity.

(b) The term does not include a health care provider described in IC 16-18-2-163(a)(1), IC 16-18-2-163(a)(2), IC 16-18-2-163(a)(3), or IC 16-18-2-163(a)(4).

As added by P.L.197-2001, SEC.1.

IC 27-1-37-5

"Provider" defined

Sec. 5. As used in this chapter, "provider" means an individual or entity licensed or legally authorized to provide health care services.

As added by P.L.197-2001, SEC.1.

IC 27-1-37-6

Requiring provider to provide health care services

Sec. 6. (a) Except as provided in subsection (b), a person may not require a provider, as a condition of entering into a health provider contract for the provision of health care services other than health care services to enrollees of a health maintenance organization, to provide health care services to enrollees of a health maintenance organization.

(b) A person may require a provider, as a condition of entering into a health provider contract for the provision of health care services other than health care services to enrollees of a health maintenance organization, to provide health care services to enrollees of a health maintenance organization:

- (1) in an emergency; or
- (2) upon referral.

(c) If a person requires a provider to provide health care services to enrollees of a health maintenance organization under subsection (b), the person:

- (1) shall reimburse the provider at rates established under the health provider contract; and
- (2) may not require the provider to comply with the terms and conditions of the health maintenance organization.

As added by P.L.197-2001, SEC.1.