

HOUSE BILL No. 1380

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-13-2; IC 12-15-41.

Synopsis: Medicaid dental services. Provides that the office of Medicaid policy and planning (OMPP) shall enter into an agreement with certain providers to provide Medicaid dental services. Allows a Medicaid recipient to select a provider of dental services. Allows OMPP to adopt rules concerning certain information furnished to providers and to OMPP. Establishes reimbursement rates for Medicaid dental services. Requires OMPP to adopt, with the approval of the division of oral health at the state department of health, certain rules. Allows the division of oral health at the state department of health to approve innovative programs to provide Medicaid dental services.

Effective: July 1, 1998.

Whetstone, C. Brown

January 13, 1998, read first time and referred to Committee on Ways and Means.

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Second Regular Session 110th General Assembly (1998)

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 1997 General Assembly.

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HOUSE BILL No. 1380



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

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

1 SECTION 1. IC 12-15-13-2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 1998]: Sec. 2. (a) Except as
3 provided in IC 12-15-14, ~~and~~ IC 12-15-15, **and IC 12-15-41**, payments
4 to Medicaid providers must be:

- 5 (1) consistent with efficiency, economy, and quality of care; and
- 6 (2) sufficient to enlist enough providers so that care and services
7 are available under Medicaid, at least to the extent that such care
8 and services are available to the general population in the
9 geographic area.

10 (b) If federal law or regulations specify reimbursement criteria,
11 payment shall be made in compliance with those criteria.

12 SECTION 2. IC 12-15-41 IS ADDED TO THE INDIANA CODE
13 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
14 JULY 1, 1998]:

15 **Chapter 41. Dental Services**

16 **Sec. 1. (a) IC 12-15-10 and IC 12-15-11 do not apply to this**
17 **chapter.**



1 (b) Except as provided in section 6 of this chapter, this chapter
2 applies to Medicaid dental services provided under an agreement
3 between a licensed dentist and the office.

4 Sec. 2. (a) Except as provided in subsection (b), the office shall
5 enter into an agreement with any provider that:

6 (1) desires to participate in the Medicaid program by
7 providing dental services to individuals who are eligible
8 under Medicaid;

9 (2) is licensed under IC 25-14-1;

10 (3) registers with the office on forms provided by the office;

11 (4) agrees not to require payment from a recipient of
12 Medicaid except as allowed by law;

13 (5) agrees to comply with enrollment requirements that are
14 established under this chapter; and

15 (6) agrees to the terms and conditions required under this
16 chapter.

17 (b) The office is not required to enter into an agreement with
18 a dentist who has been convicted of a violation under IC 12-24 or
19 IC 12-25.

20 (c) The provider agreement must include information that the
21 office determines is necessary to facilitate carrying out IC 12-15.

22 Sec. 3. (a) An individual who is eligible for Medicaid dental
23 services may obtain the assistance of a provider that:

24 (1) has entered an agreement with the office under section 1
25 of this chapter; and

26 (2) is accepting new patients.

27 (b) The office may adopt rules under IC 4-22-2 that require:

28 (1) the recipient of Medicaid dental services to furnish
29 providers with information regarding Medicaid dental
30 services provided to the individual; and

31 (2) a provider to make available to the office information
32 necessary to document Medicaid dental services provided
33 under this chapter.

34 Sec. 4. (a) A dental service provided under this chapter must
35 be reimbursed at a rate equal to the eightieth percentile of rates
36 charged for that service in Indiana.

37 (b) If:

38 (1) the number of providers enlisted to provide Medicaid
39 dental services in a geographic area is not sufficient to
40 provide dental care and services under Medicaid, at least to
41 the extent that such care and services are available to the
42 general population in the geographic area; and

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1 (2) the geographic area is designated as an underserved area
2 by the state health data center (IC 16-19-10);
3 the office may reimburse Medicaid dental services in the
4 geographic area at a higher rate than the rate required by
5 subsection (a) to assure that adequate dental services are provided
6 in the geographic area.

7 Sec. 5. The office shall adopt rules under IC 4-22-2, with the
8 approval of the division of oral health of the state department of
9 health, that do the following:

10 (1) List the dental services that are covered under the
11 Medicaid program. The rules must include dental services
12 that provide prevention, relief of pain, elimination of
13 infection, and pathology.

14 (2) Establish reimbursement rates under section 4 of this
15 chapter.

16 (3) Determine the dental services, if any, that require prior
17 authorization.

18 (4) Provide guidelines for appeals of prior authorization.

19 (5) Provide guidelines for the submission of claims for dental
20 services.

21 Sec. 6. Notwithstanding section 2(a)(1) of this chapter, the
22 division of oral health of the state department of health may
23 approve innovative programs to provide Medicaid dental services.
24 A program must promote improved access to dental care, increase
25 efficiency in the administration of dental services, or improve the
26 quality of patient care. The proposals may be accepted from any
27 person, including an association, a local health department, an
28 educational institution, or any governmental entity.

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