
SENATE BILL No. 455

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-11; IC 12-15-12.

Synopsis: Disproportionate share providers. Requires the office of Medicaid policy and planning (OMPP) to consider a disproportionate share provider as a provider in the Medicaid program and to include the provider in the list of managed care providers furnished to each Medicaid recipient in the geographic area where the provider provides services if the provider has attempted in good faith to negotiate the terms of a provider agreement with OMPP or OMPP's contractor. Provides that OMPP may not exclude certain providers from participating in the Medicaid program by entering into exclusive contracts with other providers. Provides that a Medicaid recipient may obtain most Medicaid services from certain managed care providers or certain disproportionate share providers.

Effective: Upon passage.

Rogers

January 10, 2000, read first time and referred to Committee on Health and Provider Services.

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Introduced

Second Regular Session 111th General Assembly (2000)

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 1999 General Assembly.

SENATE BILL No. 455

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 12-15-11-4 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. **(a) Except as**
3 **provided in subsection (b)**, a provider desiring to participate in the
4 Medicaid program by providing physician services as a managed care
5 provider must enter into a provider agreement with the office or the
6 contractor under IC 12-15-30 to provide Medicaid services.

7 **(b) A provider that qualifies as a disproportionate share**
8 **provider under IC 12-15-16-1 must be:**

9 **(1) considered a provider in the Medicaid program; and**
10 **(2) included in the list of managed care providers furnished to**
11 **each recipient in the geographic area in which the provider**
12 **provides services;**

13 **if the provider has in good faith attempted to negotiate the terms**
14 **of a provider agreement with the office or the contractor under**
15 **IC 12-15-30 to provide Medicaid services.**

16 SECTION 2. IC 12-15-11-6 IS AMENDED TO READ AS
17 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. ~~After a provider~~



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1 signs a provider agreement under this chapter The office may not
 2 exclude ~~the a~~ provider **described in IC 12-15-12-3** from participating
 3 in the Medicaid program by entering into an exclusive contract with
 4 another provider or group of providers, except as provided under
 5 section 7 of this chapter.

6 SECTION 3. IC 12-15-12-1 IS AMENDED TO READ AS
 7 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. Except as
 8 provided in sections 6, 7, and 8 of this chapter, a Medicaid recipient
 9 may obtain any Medicaid services ~~with the exception of physician~~
 10 ~~services,~~ from a provider ~~who has entered into a provider agreement~~
 11 ~~under IC 12-15-11.~~ **described in section 3 of this chapter.**

12 SECTION 4. IC 12-15-12-2 IS AMENDED TO READ AS
 13 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. Except as
 14 provided in sections 8 and 9 of this chapter, a Medicaid recipient may
 15 receive physician services from a ~~managed care~~ provider selected by
 16 the recipient from a list of managed care providers **and other**
 17 **providers** furnished to the recipient by the office **under section 3 of**
 18 **this chapter.**

19 SECTION 5. IC 12-15-12-3 IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. Except as
 21 provided in section 9 of this chapter, the list of ~~managed care~~ providers
 22 furnished to the recipient must include the names of **the following:**

23 (1) All managed care providers ~~who that~~ meet the following
 24 requirements:

25 (1) (A) Have entered into a provider agreement with the office
 26 under IC 12-15-11 to provide physician services to Medicaid
 27 recipients.

28 (2) (B) Provide ~~physician Medicaid~~ services in the geographic
 29 area in which the recipient resides.

30 (2) All providers that meet the following requirements:

31 (A) **Qualify as disproportionate share providers under**
 32 **IC 12-15-16-1, regardless of whether the provider has**
 33 **entered into a provider agreement with the office under**
 34 **IC 12-15-11 to provide Medicaid services to Medicaid**
 35 **recipients, if the provider has in good faith attempted to**
 36 **negotiate the terms of a provider agreement with the office**
 37 **or the contractor under IC 12-15-30.**

38 (B) **Provide physician services in the geographic area in**
 39 **which the recipient resides.**

40 SECTION 6. IC 12-15-12-4 IS AMENDED TO READ AS
 41 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. Except as
 42 provided in section 9 of this chapter, if a recipient fails to select a

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1 managed care provider **or other provider** within a reasonable time
 2 after the list is furnished to the recipient **under section 3 of this**
 3 **chapter**, the office may assign a managed care provider **or other**
 4 **provider** to the recipient.

5 SECTION 7. IC 12-15-12-5 IS AMENDED TO READ AS
 6 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. Except as
 7 provided in sections 6 and 7 of this chapter, a Medicaid recipient may
 8 not receive physician services from a provider other than the managed
 9 care provider **or other provider** selected by the recipient under section
 10 2 of this chapter, except as follows:

11 (1) In an emergency.

12 (2) Upon the written referral of the managed care provider **or**
 13 **other provider**.

14 (3) As provided in sections 6 through 9 of this chapter.

15 SECTION 8. IC 12-15-12-6 IS AMENDED TO READ AS
 16 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) A Medicaid
 17 recipient may be admitted to a hospital by a physician other than the
 18 recipient's managed care provider **or other provider** if the recipient
 19 requires immediate medical treatment.

20 (b) The admitting physician shall notify the recipient's managed care
 21 provider **or other provider** of the recipient's admission not more than
 22 forty-eight (48) hours after the recipient's admission.

23 (c) Payment for services provided a recipient admitted to a hospital
 24 under this section shall be made only for services that the office or the
 25 contractor under IC 12-15-30 determines were medically reasonable
 26 and necessary.

27 SECTION 9. IC 12-15-12-10 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) A Medicaid
 29 recipient who has selected or been assigned a managed care provider
 30 **or other provider** under this chapter may not select a new managed
 31 care provider **or other provider** for twelve (12) months after the
 32 managed care provider **or other provider** was selected or assigned.

33 (b) The office may make an exception to the requirement under
 34 subsection (a) if the office determines that circumstances warrant a
 35 change.

36 SECTION 10. **An emergency is declared for this act.**

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