

# HOUSE BILL No. 1130

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 12-15-13-2.

**Synopsis:** Medicaid physician reimbursement rates. Provides that payments to providers participating in a fee for service program or the Medicaid primary care case management program for physician services: (1) may not be less than payments to providers as of July 1, 2000; and (2) must be at least equal to the average of rates paid to a provider for providing a similar service under similar programs in Illinois, Michigan, Ohio, and Wisconsin. (The introduced version of this bill was prepared by the Select Joint Committee on Medicaid Oversight.)

**Effective:** July 1, 2000.

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**Becker, Crawford, Yount, Welch**

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

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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.

## HOUSE BILL No. 1130



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

*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, 2000]: Sec. 2. (a) Except as  
3 provided in IC 12-15-14 and IC 12-15-15, payments to Medicaid  
4 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 (c) **In addition to the requirements under subsection (a),**  
13 **payments to providers for physician services (as defined in**  
14 **IC 12-15-11-1) under a fee for service program or the Medicaid**  
15 **primary care case management program:**

16 (1) **may not be less than payments made to providers as of**  
17 **July 1, 2000; and**



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1           **(2) must be at least equal to the amount that results from the**  
2           **following calculation:**  
3           **STEP ONE: Add:**  
4               **(A) the amount reimbursed to a provider for providing the**  
5               **same service under a similar program in Illinois; plus**  
6               **(B) the amount reimbursed to a provider for providing the**  
7               **same service under a similar program in Michigan; plus**  
8               **(C) the amount reimbursed to a provider for providing the**  
9               **same service under a similar program in Ohio; plus**  
10              **(D) the amount reimbursed to a provider for providing the**  
11              **same service under a similar program in Wisconsin.**  
12           **STEP TWO: Divide the amount determined under STEP**  
13           **ONE by four (4).**

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