

HOUSE BILL No. 1877

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-12-19.5.

Synopsis: Expansion of disease management program. Expands Medicaid disease management programs for asthma, diabetes, congestive heart failure, coronary heart disease, and HIV to the entire state.

Effective: July 1, 2003.

Duncan

January 23, 2003, read first time and referred to Committee on Public Health.

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First Regular Session 113th General Assembly (2003)

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 2002 Regular or Special Session of the General Assembly.

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HOUSE BILL No. 1877



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 12-15-12-19.5 IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2003]: **Sec. 19.5. (a) This section applies to an**
- 4 **individual who:**
- 5 (1) **is a Medicaid recipient;**
- 6 (2) **is not enrolled in the risk-based managed care program;**
- 7 **and**
- 8 (3) **resides in a county having a population of not more than**
- 9 **one hundred thousand (100,000).**
- 10 (b) **Subject to subsection (c), the office shall develop the**
- 11 **following programs regarding individuals described in subsection**
- 12 **(a):**
- 13 (1) **A disease management program for recipients with any of**
- 14 **the following diseases:**
- 15 (A) **Asthma.**
- 16 (B) **Diabetes.**
- 17 (C) **Congestive heart failure or coronary heart disease.**



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(D) HIV or AIDS.

(2) A case management program for recipients whose per recipient Medicaid cost is in the highest ten percent (10%) of all individuals described in subsection (a).

(c) The office shall contract with an outside vendor or vendors to develop and implement the programs required under subsection (b).

(d) The vendor or vendors with whom the office contracts under subsection (c) shall provide the office and the select joint commission on Medicaid oversight established by IC 2-5-26-3 with an evaluation and recommendations on the costs, benefits, and health outcomes of the programs required under subsection (b). The evaluations required under this subsection must be provided not more than nine (9) months after the effective date of the contract.

SECTION 2. [EFFECTIVE JULY 1, 2003] (a) The office shall begin the contract procurement process to procure a contract with an outside vendor or vendors under IC 12-15-12-19.5(c), as added by this act, not later than October 1, 2003.

(b) The contract required under IC 12-15-12-19.5(c), as added by this act, must be effective not later than July 1, 2004.

(c) The office shall report to the select joint commission on Medicaid oversight established by IC 2-5-26-3 not later than December 31, 2004, regarding the programs developed under IC 12-15-12-19.5(c), as added by this act.

(d) This SECTION expires July 1, 2005.

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