



Reprinted
February 13, 2008

ENGROSSED SENATE BILL No. 164

DIGEST OF SB 164 (Updated February 12, 2008 2:58 pm - DI 104)

Citations Affected: IC 12-7; IC 12-15; IC 12-17.6.

Synopsis: Medicaid claim payments. Specifies that the office of Medicaid policy and planning (office), a managed care organization that has contracted with the office under the state's Medicaid program, and a person that has contracted with the managed care organization must meet certain requirements concerning payment and denial of claims. Requires the office to reimburse federally qualified health centers and rural health clinics using a prospective payment methodology if federal financial participation is available for the methodology. Allows certain individuals to participate in the Indiana check-up plan without state funding. Specifies that eligibility for the children's health insurance program is limited to a child whose family annual income is not more than 300% of the federal income poverty level or the maximum percentage approved by the federal government if the approved percentage is less than 300%. (The introduced version of this bill was prepared by the select joint commission on Medicaid oversight.)

Effective: July 1, 2008.

Miller, Sipes

(HOUSE SPONSORS — BROWN C, BROWN T)

January 8, 2008, read first time and referred to Committee on Health and Provider Services.

January 17, 2008, reported favorably — Do Pass.

January 22, 2008, read second time, ordered engrossed.

January 23, 2008, engrossed.

January 29, 2008, read third time, passed. Yeas 48, nays 0.

HOUSE ACTION

February 4, 2008, read first time and referred to Committee on Public Health.

February 7, 2008, reported — Do Pass.

February 12, 2008, read second time, amended, ordered engrossed.

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ES 164—LS 6116/DI 104+



Second Regular Session 115th General Assembly (2008)

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 2007 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 164

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

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

1 SECTION 1. IC 12-7-2-134 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 134. "Office" means
3 the following:

4 (1) Except as provided in subdivisions (2) ~~and (3)~~; **through (4)**,
5 the office of Medicaid policy and planning established by
6 IC 12-8-6-1.

7 (2) For purposes of IC 12-10-13, the meaning set forth in
8 IC 12-10-13-4.

9 **(3) For purposes of IC 12-15-13, the meaning set forth in**
10 **IC 12-15-13-0.4.**

11 ~~(3)~~ **(4)** For purposes of IC 12-17.6, the meaning set forth in
12 IC 12-17.6-1-4.

13 SECTION 2. IC 12-15-13-0.4 IS ADDED TO THE INDIANA
14 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
15 [EFFECTIVE JULY 1, 2008]: **Sec. 0.4. As used in this chapter,**
16 **"office" includes the following:**

17 **(1) The office of Medicaid policy and planning.**

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1 (2) A managed care organization that has contracted with the
2 office of Medicaid policy and planning under this article.

3 (3) A person that has contracted with a managed care
4 organization described in subdivision (2).

5 SECTION 3. IC 12-15-13-8 IS ADDED TO THE INDIANA CODE
6 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
7 1, 2008]: Sec. 8. The office shall reimburse a:

8 (1) federally qualified health center (as defined in 42 U.S.C.
9 1396d(l)(2)(B)); or

10 (2) rural health clinic (as defined in 42 U.S.C. 1396d(l)(1));
11 that uses a prospective payment methodology if the federal Centers
12 for Medicare and Medicaid Services provides federal financial
13 participation for the methodology.

14 SECTION 4. IC 12-15-44.2-9, AS ADDED BY HEA 1137-2008,
15 SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2008]: Sec. 9. (a) An individual is eligible for participation in
17 the plan if the individual meets the following requirements:

18 (1) The individual is at least eighteen (18) years of age and less
19 than sixty-five (65) years of age.

20 (2) The individual is a United States citizen and has been a
21 resident of Indiana for at least twelve (12) months.

22 (3) The individual has an annual household income of not more
23 than two hundred percent (200%) of the federal income poverty
24 level.

25 (4) The individual is not eligible for health insurance coverage
26 through the individual's employer.

27 (5) The individual has not had health insurance coverage for at
28 least six (6) months.

29 (b) The following individuals are not eligible for the plan:

30 (1) An individual who participates in the federal Medicare
31 program (42 U.S.C. 1395 et seq.).

32 (2) A pregnant woman for purposes of pregnancy related services.

33 (3) An individual who is eligible for the Medicaid program as a
34 disabled person.

35 (c) The eligibility requirements specified in subsection (a) are
36 subject to approval for federal financial participation by the United
37 States Department of Health and Human Services.

38 (d) An individual who meets all eligibility requirements set forth
39 in subsection (a) except the eligibility requirement set forth in
40 subsection (a)(3) is eligible for participation in the plan. However,
41 the state does not provide funding for the coverage available under
42 this subsection.

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1 SECTION 5. IC 12-17.6-3-2, AS AMENDED BY P.L.218-2007,
2 SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2008]: Sec. 2. (a) To be eligible to enroll in the program, a
4 child must meet the following requirements:

- 5 (1) The child is less than nineteen (19) years of age.
- 6 (2) The child is a member of a family with an annual income of:
 - 7 (A) more than one hundred fifty percent (150%); and
 - 8 (B) not more than:
 - 9 (i) three hundred percent (300%); or
 - 10 (ii) **the maximum percentage approved by the federal**
 - 11 **Centers for Medicare and Medicaid Services if the**
 - 12 **approved amount is less than three hundred percent**
 - 13 **(300%);**
 - 14 of the federal income poverty level.
- 15 (3) The child is a resident of Indiana.
- 16 (4) The child meets all eligibility requirements under Title XXI
- 17 of the federal Social Security Act.
- 18 (5) The child's family agrees to pay any cost sharing amounts
- 19 required by the office.

20 (b) The office may adjust eligibility requirements based on available
21 program resources under rules adopted under IC 4-22-2.

22 SECTION 6. IC 12-15-44.2-16 IS REPEALED [EFFECTIVE JULY
23 1, 2008].

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SENATE MOTION

Madam President: I move that Senator Sipes be added as second author of Senate Bill 164.

MILLER

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 164, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 164 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 164, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN C, Chair

Committee Vote: yeas 10, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 164 be amended to read as follows:

Page 2, after line 4, begin a new paragraph and insert:

"SECTION 3. IC 12-17.6-3-2, AS AMENDED BY P.L.218-2007, SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2. (a) To be eligible to enroll in the program, a child must meet the following requirements:

- (1) The child is less than nineteen (19) years of age.

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- (2) The child is a member of a family with an annual income of:
 - (A) more than one hundred fifty percent (150%); and
 - (B) not more than:
 - (i) three hundred percent (300%); or
 - (ii) the maximum percentage approved by the federal Centers for Medicare and Medicaid Services if the approved amount is less than three hundred percent (300%);**

of the federal income poverty level.

- (3) The child is a resident of Indiana.
- (4) The child meets all eligibility requirements under Title XXI of the federal Social Security Act.
- (5) The child's family agrees to pay any cost sharing amounts required by the office.

(b) The office may adjust eligibility requirements based on available program resources under rules adopted under IC 4-22-2."
 Renumber all SECTIONS consecutively.

(Reference is to ESB 164 as printed February 8, 2008.)

BROWN C

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 164 be amended to read as follows:

Page 2, after line 4, begin a new paragraph and insert:

"SECTION 3. IC 12-15-13-8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 8. The office shall reimburse a:**

- (1) federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)); or**
- (2) rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)); that uses a prospective payment methodology if the federal Centers for Medicare and Medicaid Services provides federal financial participation for the methodology."**

Renumber all SECTIONS consecutively.

(Reference is to ESB 164 as printed February 8, 2008.)

BROWN T



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HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 164 be amended to read as follows:

Page 2, after line 4, begin a new paragraph and insert:

"SECTION 3. IC 12-15-44.2-9, AS ADDED BY HEA 1137-2008, SECTION 98, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 9. (a) An individual is eligible for participation in the plan if the individual meets the following requirements:

- (1) The individual is at least eighteen (18) years of age and less than sixty-five (65) years of age.
- (2) The individual is a United States citizen and has been a resident of Indiana for at least twelve (12) months.
- (3) The individual has an annual household income of not more than two hundred percent (200%) of the federal income poverty level.
- (4) The individual is not eligible for health insurance coverage through the individual's employer.
- (5) The individual has not had health insurance coverage for at least six (6) months.

(b) The following individuals are not eligible for the plan:

- (1) An individual who participates in the federal Medicare program (42 U.S.C. 1395 et seq.).
- (2) A pregnant woman for purposes of pregnancy related services.
- (3) An individual who is eligible for the Medicaid program as a disabled person.

(c) The eligibility requirements specified in subsection (a) are subject to approval for federal financial participation by the United States Department of Health and Human Services.

(d) An individual who meets all eligibility requirements set forth in subsection (a) except the eligibility requirement set forth in subsection (a)(3) is eligible for participation in the plan. However, the state does not provide funding for the coverage available under this subsection.

SECTION 4. IC 12-15-44.2-16 IS REPEALED [EFFECTIVE JULY 1, 2008]."

Re-number all SECTIONS consecutively.

(Reference is to ESB 164 as printed February 8, 2008.)

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