

IC 12-15-37

Chapter 37. Medicaid Demonstration Projects

IC 12-15-37-1

Review of Medicaid recipient populations

Sec. 1. The state department of health, with guidance and input from the office, shall review Medicaid recipient populations to determine which populations might benefit from transfer to an insurance product. Populations to review include participants in:

- (1) the IMPACT program; and
- (2) certain geographic populations, including rural populations; to determine the fiscal and other effects of a demonstration project established for the benefit of these recipients.

As added by P.L.93-1995, SEC.4.

IC 12-15-37-2

Waivers from Department of Health and Human Services; eligible projects

Sec. 2. After completing the review under section 1 of this chapter, the office, under the guidance of the state department of health, may seek waivers from the United States Department of Health and Human Services to establish one (1) or more of the following demonstration projects, the goal of each of which is to provide a more cost effective means of providing health care coverage for certain Medicaid eligible individuals:

- (1) Enrolling the designated recipients in prepaid health care delivery plans.
- (2) Establishing medical savings accounts for designated recipients.
- (3) Purchasing a private insurance product for designated recipients.
- (4) Notwithstanding IC 12-15-5, redesigning the package of Medicaid benefits and services offered to designated recipients. Any package offered to designated recipients under this subdivision must include those services that may be provided within the scope of a provider's license if the service is covered under IC 12-15-12.
- (5) Integrating the designated recipients into an already established risk pool.

As added by P.L.93-1995, SEC.4.

IC 12-15-37-3

Affidavit

Sec. 3. The state department of health and the office may not implement any of the demonstration projects under section 2 of this chapter until the office, under the guidance of the state department of health, files an affidavit with the governor that attests that the federal waivers applied for under section 2 of this chapter are in effect. The state department of health and the office shall file the affidavit under this section not later than five (5) days after the state department of

health or the office are notified that the waiver is approved.
As added by P.L.93-1995, SEC.4.

IC 12-15-37-4

Time limit for implementation

Sec. 4. If a waiver is received from the United States Department of Health and Human Services and the governor receives the affidavit filed under section 3 of this chapter, the state department of health, with guidance and input from the office, shall implement the demonstration project for which the waiver was granted not more than ninety (90) days after the governor receives the affidavit.

As added by P.L.93-1995, SEC.4.

IC 12-15-37-5

Rules for implementation

Sec. 5. The state department of health, with guidance and input from the office, shall adopt rules under IC 4-22-2 to implement a demonstration project for which a waiver is granted under this chapter.

As added by P.L.93-1995, SEC.4.

IC 12-15-37-6

Waiver restrictions

Sec. 6. If the state department of health and the office seek a waiver under this chapter to establish a managed care program or other demonstration project, the state department of health and the office shall not seek a waiver of:

(1) federally qualified health centers and rural health clinic services as mandatory Medicaid services under:

(A) 42 U.S.C. 1396a(10)(A);

(B) 42 U.S.C. 1396d(a)(2)(B); and

(C) 42 U.S.C. 1396d(a)(2)(C); or

(2) reasonable cost reimbursement for federally qualified health centers and rural health clinics under 42 U.S.C. 1396a(a)(13)(C).

As added by P.L.93-1995, SEC.4. Amended by P.L.14-2000, SEC.30.

IC 12-15-37-7

Stroke prevention and treatment programs

Sec. 7. The office and the state department of health may collaborate with the American Heart Association to reduce the cost of stroke treatment and improve the outcome of stroke patients in the state. The collaboration may include the following:

(1) The development and implementation of a comprehensive statewide public education program on stroke prevention that is targeted at high-risk populations and at geographical areas that have a high incidence of stroke.

(2) The recommendation and dissemination of guidelines on the treatment of stroke patients, including emergency stroke care.

(3) The development of a program that would ensure that the

public and health care providers are informed concerning the most effective stroke prevention strategies.

(4) The dissemination of information concerning public and private grant opportunities available for hospitals and providers of emergency medical services for the purposes of improving stroke patient care.

As added by P.L.224-2003, SEC.82.