

IC 4-23-27

Chapter 27. Children's Health Policy Board

IC 4-23-27-1

"Board" defined

Sec. 1. As used in this chapter, "board" refers to the children's health policy board established by section 2 of this chapter.

As added by P.L.273-1999, SEC.162.

IC 4-23-27-2

Establishment

Sec. 2. The children's health policy board is established.

As added by P.L.273-1999, SEC.162.

IC 4-23-27-3

Members

Sec. 3. The board consists of the following members:

- (1) The secretary of the family and social services administration.
- (2) The state health commissioner.
- (3) The insurance commissioner of Indiana.
- (4) The state personnel director.
- (5) The budget director.
- (6) The state superintendent of public instruction.
- (7) The director of the division of mental health and addiction.

As added by P.L.273-1999, SEC.162. Amended by P.L.215-2001, SEC.4.

IC 4-23-27-4

Chair

Sec. 4. The governor shall appoint a member of the board as chair of the board.

As added by P.L.273-1999, SEC.162.

IC 4-23-27-5

Quorum

Sec. 5. (a) Four (4) members of the board constitute a quorum.

(b) The affirmative vote of at least four (4) members of the board is required for the board to take any official action.

As added by P.L.273-1999, SEC.162.

IC 4-23-27-6

Meetings

Sec. 6. (a) The board shall meet monthly at the call of the chair.

(b) The board shall hold public hearings in diverse locations throughout the state at least three (3) times each year.

As added by P.L.273-1999, SEC.162.

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Duties

Sec. 7. The board shall direct policy coordination of children's health programs by doing the following:

(1) Developing a comprehensive policy in the following areas:

- (A) Appropriate delivery systems of care.
- (B) Enhanced access to care.
- (C) The use of various program funding for maximum efficiency.
- (D) The optimal provider participation in various programs.
- (E) The potential for expanding health insurance coverage to other populations.
- (F) Technology needs, including development of an electronic claim administration, payment, and data collection system that allows providers to have the following:
 - (i) Point of service claims payments.
 - (ii) Instant claims adjudication.
 - (iii) Point of service health status information.
 - (iv) Claims related data for analysis.

(G) Appropriate organizational structure to implement health policy in the state.

(2) Coordinating aspects of existing children's health programs, including the children's health insurance program, Medicaid managed care for children, first steps, and children's special health care services, in order to achieve a more seamless system easily accessible by participants and providers, specifically in the following areas:

- (A) Identification of potential enrollees.
- (B) Outreach.
- (C) Eligibility criteria.
- (D) Enrollment.
- (E) Benefits and coverage issues.
- (F) Provider requirements.
- (G) Evaluation.
- (H) Procurement policies.
- (I) Information technology systems, including technology to coordinate payment for services provided through the children's health insurance program under IC 12-17.6 with:
 - (i) services provided to children with special health needs; and
 - (ii) public health programs designed to protect all children.

(3) Reviewing, analyzing, disseminating, and using data when making policy decisions.

(4) Overseeing implementation of the children's health insurance program under IC 12-17.6, including:

- (A) reviewing:
 - (i) benefits provided by;
 - (ii) eligibility requirements for; and
 - (iii) each evaluation of;the children's health insurance program on an annual basis in light of available funding;
- (B) making recommendations for changes to the children's

health insurance program to the office of the children's health insurance program established under IC 12-17.6-2-1; and
(C) studying benefits appropriate for children's mental health and addiction services.

As added by P.L.273-1999, SEC.162. Amended by P.L.107-2002, SEC.2.

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Expertise of other boards

Sec. 8. The board may draw upon the expertise of other boards, committees, and individuals whenever the board determines that such expertise is needed.

As added by P.L.273-1999, SEC.162.