

SENATE BILL No. 493

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-12-2.5.

Synopsis: Medicaid value based contracting. Allows a managed care organization to enter into a value based contract with a Medicaid provider to provide services under a risk based managed care program.

Effective: July 1, 2025.

Crider

January 14, 2025, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 124th General Assembly (2025)

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 2024 Regular Session of the General Assembly.

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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 12-15-12-2.5 IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2025]: **Sec. 2.5. (a) A managed care**
- 4 **organization may enter into a value based contract with a**
- 5 **Medicaid provider to provide services under a risk based managed**
- 6 **care program.**
- 7 **(b) A managed care organization:**
- 8 **(1) is responsible for ensuring access to high quality care for**
- 9 **Medicaid recipients; and**
- 10 **(2) may use a value based model that includes any of the**
- 11 **following if the Medicaid provider agrees and opts into the**
- 12 **arrangement:**
- 13 **(A) Case rates.**
- 14 **(B) Total cost of care arrangements.**
- 15 **(C) Pay for value bonuses.**
- 16 **(D) Bundled payments.**

