

By: Representative Moak

To: Medicaid

HOUSE BILL NO. 1412

1 AN ACT TO PROVIDE THAT MEDICAID BENEFICIARIES WHO HAVE A
 2 DIAGNOSIS OF DIABETES OR HYPERTENSION OR WHO HAVE A FAMILY HISTORY
 3 OF KIDNEY DISEASE SHALL BE EVALUATED FOR KIDNEY DISEASE; TO
 4 PROVIDE THAT MEDICAID BENEFICIARIES WHO HAVE BEEN DIAGNOSED WITH
 5 DIABETES OR HYPERTENSION OR WHO HAVE A FAMILY HISTORY OF KIDNEY
 6 DISEASE AND WHO HAVE RECEIVED A DIAGNOSIS OF KIDNEY DISEASE SHALL
 7 BE CLASSIFIED AS A CHRONIC KIDNEY PATIENT; TO PROVIDE THAT UNDER
 8 THE MEDICAID PROGRAM'S DISEASE MANAGEMENT PROGRAMS, MEDICAID
 9 BENEFICIARIES WHO ARE AT RISK FOR CHRONIC KIDNEY DISEASE SHALL BE
 10 TRACKED REGARDING APPROPRIATE DIAGNOSTIC TESTING; TO PROVIDE THAT
 11 MEDICAID PROVIDERS SHALL BE EDUCATED AND DISEASE MANAGEMENT
 12 STRATEGIES SHALL BE IMPLEMENTED BY THE DIVISION OF MEDICAID IN
 13 ORDER TO INCREASE THE RATE OF EVALUATION AND TREATMENT FOR CHRONIC
 14 KIDNEY DISEASE; AND FOR RELATED PURPOSES.

15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

16 **SECTION 1.** (1) Any Medicaid beneficiary who has a diagnosis
 17 of diabetes or hypertension or who has a family history of kidney
 18 disease shall be evaluated for kidney disease through routine
 19 clinical laboratory assessments of kidney function.

20 (2) Any Medicaid beneficiary who has been diagnosed with
 21 diabetes or hypertension or who has a family history of kidney
 22 disease and who has received a diagnosis of kidney disease shall
 23 be classified as a chronic kidney patient.

24 (3) The diagnostic criteria that define chronic kidney
 25 disease should be generally recognized clinical practice
 26 guidelines, which identify chronic kidney disease or its
 27 complications based on the presence of kidney damage and level of
 28 kidney function.

29 (4) Under the Medicaid program's disease management programs
 30 provided under Section 43-13-117(47), Medicaid beneficiaries who
 31 are at risk for chronic kidney disease shall be tracked regarding
 32 appropriate diagnostic testing. Medicaid providers shall be
 33 educated and disease management strategies shall be implemented by

34 the Division of Medicaid in order to increase the rate of
35 evaluation and treatment for chronic kidney disease according to
36 accepted practice guidelines including:

37 (a) Managing risk factors, which prolong kidney
38 function or delay progression to kidney replacement therapy.

39 (b) Managing risk factors for bone disease and
40 cardiovascular disease associated with chronic kidney disease.

41 (c) Improving nutritional status of chronic kidney
42 disease patients.

43 (d) Correcting anemia associated with chronic kidney
44 disease.

45 **SECTION 2.** This act shall take effect and be in force from
46 and after July 1, 2006.