

HOUSE BILL No. 1136

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-12.

Synopsis: Medicaid managed care. Specifies that a managed care organization shall cover and pay for claims from an emergency department for an individual's emergency medical condition in compliance with federal law, including: (1) Medicaid claims that have been submitted and appealed by providers and hospitals; or (2) claims concerning a medical condition that resulted in an individual being admitted to the hospital for observation. Specifies that a managed care organization's contracts with a provider must comply with federal and state laws, regulations, and rules.

Effective: January 1, 2019 (retroactive).

Barrett

January 8, 2020, read first time and referred to Committee on Public Health.



Second Regular Session of the 121st General Assembly (2020)

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 2019 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 12-15-12-15, AS AMENDED BY P.L.152-2017,
2 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JANUARY 1, 2019 (RETROACTIVE)]: Sec. 15. **(a)** A managed care
4 organization shall:
5 (1) cover and pay for all medically necessary screening services
6 provided to an individual who presents to an emergency
7 department with an emergency medical condition:
8 **(A) including Medicaid claims that:**
9 **(i) have been submitted for reimbursement and have**
10 **been appealed by providers and hospitals; or**
11 **(ii) are for individuals who have been admitted to a**
12 **hospital for observation; and**
13 **(B) in compliance with 42 CFR 438.114(d)(1)(i); and**
14 (2) ~~beginning July 1, 2001~~; neither deny nor fail to process a
15 claim for reimbursement for emergency services on the basis that
16 the enrollee's primary care provider's authorization code for the
17 services was not obtained before or after the services were



1 rendered.
2 **(b) A managed care organization shall not limit, by contract,**
3 **policy, or any other means, what constitutes an emergency medical**
4 **condition on the basis of a list of diagnosis codes or symptoms.**
5 **(c) A person may bring an action to enforce this section.**
6 SECTION 2. IC 12-15-12-24 IS ADDED TO THE INDIANA
7 CODE AS A NEW SECTION TO READ AS FOLLOWS
8 [EFFECTIVE JANUARY 1, 2019 (RETROACTIVE)]: **Sec. 24. A**
9 **managed care organization's contracts with a provider shall**
10 **comply with:**
11 **(1) federal law;**
12 **(2) state law;**
13 **(3) federal regulations; and**
14 **(4) administrative rules adopted concerning the Medicaid**
15 **program.**
16 SECTION 3. **An emergency is declared for this act.**

