

SENATE BILL No. 62

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-40.

Synopsis: Hospices and Medicaid. Requires the office of Medicaid policy and planning (office) to move a recipient who participates in the Medicaid risk based managed care program to the Medicaid fee for service program if the recipient is approved to receive hospice services without losing Medicaid coverage. Requires the office to reimburse the hospice provider through the fee for service program. Specifies that the Medicaid recipient remains in the fee for service Medicaid program through the recipient's Medicaid eligibility.

Effective: July 1, 2018.

Becker

January 3, 2018, read first time and referred to Committee on Health and Provider Services.



Second Regular Session 120th General Assembly (2018)

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 2017 Regular Session of the General Assembly.

SENATE BILL No. 62

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-40-5.5 IS ADDED TO THE INDIANA
- 2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
- 3 [EFFECTIVE JULY 1, 2018]: **Sec. 5.5. (a) If a Medicaid recipient is**
- 4 **approved to receive hospice services and the recipient participates**
- 5 **in the Medicaid risk based managed care program, the office and**
- 6 **the contractor of the office shall coordinate efforts to move the**
- 7 **recipient to the Medicaid fee for service program without the**
- 8 **recipient losing Medicaid coverage during the transition.**
- 9 (b) The office shall reimburse a hospice program providing
- 10 hospice services to a recipient described in subsection (a) for any
- 11 covered hospice service provided to the recipient through the
- 12 Medicaid fee for service program.
- 13 (c) A Medicaid recipient described in subsection (a) shall remain
- 14 in the Medicaid fee for service program for the duration of the
- 15 recipient's Medicaid eligibility.
- 16 (d) The office shall make any changes necessary to the state
- 17 Medicaid plan for the implementation of this section.



1 SECTION 2. IC 12-15-40-7 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. Payment to a hospice
3 program must meet the following conditions:

4 (1) Be determined in accordance with a prospective payment rate
5 that is reasonable and adequate to meet the costs that must be
6 incurred by efficiently and economically operated hospice
7 programs to provide services in conformity with applicable state
8 and federal laws, rules, and regulations, including the federal
9 Social Security Act, and quality and safety standards.

10 (2) Include the increased costs for medical care, including
11 physician and nursing care, intensive case management, social
12 services, and pharmaceutical and allied health costs.

13 **(3) Be reimbursed through the Medicaid fee for service**
14 **program.**

