



February 16, 2018

**ENGROSSED
SENATE BILL No. 62**

DIGEST OF SB 62 (Updated February 15, 2018 11:26 am - DI 77)

Citations Affected: IC 12-15.

Synopsis: Hospices and Medicaid. Requires the office of Medicaid policy and planning (office) to retain a recipient who participates in the Medicaid risk based managed care program (program) on the program if the recipient is approved to receive hospice services without losing Medicaid coverage. Specifies certain Medicaid recipients may not participate in the Medicaid risk based managed care program. Requires reimbursement of the hospice provider through the program if the recipient participates in the program.

Effective: July 1, 2018.

**Becker, Leising, Charbonneau,
Tomes, Stoops, Randolph Lonnie M**
(HOUSE SPONSOR — BACON)

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

January 25, 2018, amended, reported favorably — Do Pass.

January 29, 2018, read second time, ordered engrossed. Engrossed.

January 30, 2018, read third time, passed. Yeas 49, nays 0.

HOUSE ACTION

February 6, 2018, read first time and referred to Committee on Public Health.

February 15, 2018, amended, reported — Do Pass.

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February 16, 2018

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.

ENGROSSED 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 retain the**
7 **recipient in the Medicaid risk based managed care program**
8 **without the recipient losing Medicaid coverage.**
9 **(b) If a Medicaid recipient:**
10 **(1) is approved to receive hospice services;**
11 **(2) participates in the Medicaid fee for service program; and**
12 **(3) is:**
13 **(A) a resident of:**
14 **(i) a comprehensive care health facility; or**
15 **(ii) an intermediate care facility for individuals with**
16 **intellectual disabilities;**
17 **(B) dually eligible for Medicaid and the Medicare**

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1 **program;**
2 **(C) a child receiving concurrent care;**
3 **(D) a recipient of a Medicaid home and community waiver;**
4 **or**
5 **(E) participating in the Medicaid fee for service program**
6 **through other eligibility criteria;**
7 **the Medicaid recipient may not participate in the Medicaid risk**
8 **based managed care program.**
9 SECTION 2. IC 12-15-40-7 IS AMENDED TO READ AS
10 FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 7. Payment to a hospice
11 program must meet the following conditions:
12 (1) Be determined in accordance with a prospective payment rate
13 that is reasonable and adequate to meet the costs that must be
14 incurred by efficiently and economically operated hospice
15 programs to provide services in conformity with applicable state
16 and federal laws, rules, and regulations, including the federal
17 Social Security Act, and quality and safety standards.
18 (2) Include the increased costs for medical care, including
19 physician and nursing care, intensive case management, social
20 services, and pharmaceutical and allied health costs.
21 **(3) Be reimbursed through the Medicaid risk based managed**
22 **care program if the recipient participates in the Medicaid risk**
23 **based managed care program.**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 62, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, line 3, delete "(a)".

Page 1, line 6, delete "move" and insert "**retain**".

Page 1, line 7, delete "to" and insert "**in**".

Page 1, line 7, delete "fee for service" and insert "**risk based managed care**".

Page 1, line 8, delete "coverage during the transition." and insert "**coverage**".

Page 1, delete lines 9 through 17.

Page 2, line 13, delete "fee for service" and insert "**risk based managed care**".

Page 2, line 14, delete "program." and insert "**program if the recipient participates in the Medicaid risk based managed care program**".

and when so amended that said bill do pass.

(Reference is to SB 62 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 10, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 62, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 3, after "5.5." insert "**(a)**".

Page 1, between lines 8 and 9, begin a new paragraph and insert:

"(b) If a Medicaid recipient:

(1) is approved to receive hospice services;

(2) participates in the Medicaid fee for service program; and

(3) is:

(A) a resident of:

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(i) a comprehensive care health facility; or
(ii) an intermediate care facility for individuals with intellectual disabilities;
(B) dually eligible for Medicaid and the Medicare program;
(C) a child receiving concurrent care;
(D) a recipient of a Medicaid home and community waiver;
or
(E) participating in the Medicaid fee for service program through other eligibility criteria;
the Medicaid recipient may not participate in the Medicaid risk based managed care program."

and when so amended that said bill do pass.

(Reference is to SB 62 as printed January 26, 2018.)

KIRCHHOFER

Committee Vote: yeas 11, nays 0.

