
SENATE BILL No. 485

DIGEST OF INTRODUCED BILL

Citations Affected: None (noncode).

Synopsis: Nursing home case mix reimbursement system. Requires the state's Medicaid nursing home rate setting contractor to consider certain information when setting payment rates. (The introduced version of this bill was prepared by the select joint commission on Medicaid oversight.)

Effective: Upon passage.

Miller

January 14, 2002, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session 112th General Assembly (2002)

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 2001 General Assembly.

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SENATE BILL No. 485



A BILL FOR AN ACT concerning Medicaid.

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

- 1 SECTION 1. [EFFECTIVE UPON PASSAGE] (a) **The definitions**
- 2 **in 405 IAC 1-14.6, as in effect on January 1, 2002, apply**
- 3 **throughout this SECTION.**
- 4 (b) **The state's rate setting contractor shall each calendar**
- 5 **quarter calculate the median for each rate component, using all**
- 6 **cost reports received by the state or the state's rate setting**
- 7 **contractor within one hundred fifty (150) days after the end of each**
- 8 **provider's fiscal year.**
- 9 (c) **The rate setting contractor shall request any additional**
- 10 **information needed under subsection (b) from the provider not**
- 11 **later than twenty-one (21) days after the cost report is received by**
- 12 **the rate setting contractor. The rate setting contractor shall**
- 13 **include in the calculation of the median any response received**
- 14 **within one hundred ninety (190) days after the end of the**
- 15 **provider's fiscal year.**
- 16 (d) **If an audit report is issued for a provider within one**
- 17 **hundred fifty days (150) after the end of the provider's fiscal year,**
- 18 **the rate setting contractor may request additional information**



1 **relative to the audit report. If the audit report is issued later than**
2 **one hundred fifty (150) days after the end of the provider's fiscal**
3 **year, the rate setting contractor may not request additional**
4 **information relative to the audit report for the rate review.**

5 SECTION 2. **An emergency is declared for this act.**

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