## House File 2501

	H-8496
1	Amend House File 2501 as follows:
2	1. Page 111, after line 12 by inserting:
3	<pre><division< pre=""></division<></pre>
4	MEDICAID REIMBURSEMENT POLICIES FOR INPATIENT CARE
5	Sec MEDICAID REIMBURSEMENT POLICIES.
6	1. The department of human services shall amend 441 IAC
7	79.1(5)(g)(5) relating to the billing for patient transfers
8	and readmissions for inpatient readmissions within 30 days for
9	the same condition, to define "same condition" as the same
L O	Medicare severity diagnosis related groups (MS-DRG) code.
L1	Planned admissions for conditions including but not limited
L <b>2</b>	to transplant, dialysis, pregnancy, rehabilitation care, and
L3	chemotherapy shall be excluded from this reimbursement policy.
L 4	2. If a Medicaid member is enrolled with a managed care
L 5	organization or changes the member's managed care organization
L 6	at any point during an inpatient stay, the managed care
L7	organization effective at admission is responsible for the
L8	reimbursement for the admission, not to exceed 60 calendar days
L 9	after disenrollment of the member.
20	Sec EFFECTIVE DATE. This division of this Act, being
21	deemed of immediate importance, takes effect upon enactment.
22	Sec RETROACTIVE APPLICABILITY. This division of this
23	Act applies retroactively to April 1, 2016.>
24	2. By renumbering as necessary.

WESSEL-KROESCHELL of Story