

COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Rules and Legislative Procedure, to which was referred Senate Bill No. 133, 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:

- Delete everything after the enacting clause and insert the following:
 - SECTION 1. IC 12-15-15-2.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2.5. (a) Payment for physician services provided in the emergency department of a hospital licensed under IC 16-21 must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.
 - (b) The payment under subsection (a) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.
 - (c) Physicians must be reimbursed for federally required medical screening exams using the Current Procedural Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider.
 - (d) Payment for all other physician services provided in an emergency department of a hospital to enrollees in the Medicaid Primary Care Case Management program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the enrollee's primary medical provider.
 - (e) This section does not apply to a person enrolled in the

- III Medicaid Risk-Based Managed Care program.
- III (f) This section expires July 1, ~~1999~~ **2001**.

(Reference is to SB 133 as introduced.)

and when so amended that said bill be reassigned to the Senate Committee on Health and Provider Services.

GARTON Chairperson