

PREVAILED	Roll Call No. _____
FAILED	Ayes _____
WITHDRAWN	Noes _____
RULED OUT OF ORDER	

HOUSE MOTION _____

MR. SPEAKER:

I move that House Bill 1352 be amended to read as follows:

- 1 Page 5, line 8, strike "and".
- 2 Page 5, line 9, strike "hospital care for the indigent program
- 3 (IC 12-16-2)".
- 4 Page 5, line 18, after "to" insert ":
- 5 (1)".
- 6 Page 5, line 19, delete "." and insert "; and
- 7 (2) Medicaid eligible patients."
- 8 Page 5, line 23, delete ":" and insert "**the following, based on the**
- 9 **most recent year for which an audited cost report is on file with the**
- 10 **office:"**.
- 11 Page 5, line 25, strike "for a fixed cost reporting period specified in
- 12 state rules,".
- 13 Page 5, line 28, after "provider" insert ";
- 14 Page 5, line 28, strike "based on final cost settlement;".
- 15 Page 5, line 34, before "revenues" insert "**patient**".
- 16 Page 5, line 34, strike "for".
- 17 Page 5, line 34, after "for inpatient" delete "patient".
- 18 Page 5, line 34, strike "services," and insert "**paid to the provider,**".
- 19 Page 5, line 35, delete "," and insert ";
- 20 Page 5, line 35, strike "in the same fixed cost reporting period;".
- 21 Page 5, line 39, after "payment" insert ";
- 22 Page 5, line 39, strike "or third party or".
- 23 Page 5, strike line 40.
- 24 Page 5, line 41, strike "state rules;".

- 1 Page 6, line 1, after "services" insert ".".
- 2 Page 6, line 1, strike "in the same fixed cost reporting period."
- 3 Page 6, line 21, after "utilization" insert "**rate**".
- 4 Page 6, line 21, strike "discharge rate," and insert "**discharges,**".
- 5 Page 7, line 21, delete "ending" and insert "**ended**".
- 6 Page 8, strike lines 16 through 20.
- 7 Page 9, line 21, delete "IC 12-15-16-1(b)" and insert "**IC**
- 8 **12-15-16-1**".
- 9 Page 9, line 31, strike "treasurer".
- 10 Page 9, line 37, strike "treasurer".
- 11 Page 11, line 9, after "by" insert "**or affiliated with**".
- 12 Page 11, line 11, reset in roman "practicable,".
- 13 Page 11, line 11, delete "possible,".
- 14 Page 12, line 30, delete "section 1(a) of this chapter" and insert "**IC**
- 15 **12-15-16-1(a)**".
- 16 Page 12, line 32, after "The" insert "**payment methodology as**
- 17 **developed by the office must:**
- 18 **(1) maximize disproportionate share hospital payments to**
- 19 **qualifying hospitals to the extent practicable;**
- 20 **(2) take into account the situation of those qualifying hospitals**
- 21 **that have historically qualified for Medicaid disproportionate**
- 22 **share payments; and**
- 23 **(3) ensure that payments net of intergovernmental transfers**
- 24 **made by or on behalf of qualifying hospitals are equitable."**
- 25 Page 12, delete lines 33 through 42.
- 26 Page 13, delete lines 1 through 6.
- 27 Page 13, line 11, delete "for the hospital's most recent fiscal".
- 28 Page 13, line 12, delete "year".
- 29 Page 13, line 13, after "audits" insert ",".
- 30 Page 13, line 13, delete "and".
- 31 Page 13, line 13, after "factors" insert "**, and an appropriate base**
- 32 **year determined by the office**".
- 33 Page 13, line 14, delete "an".
- 34 Page 13, line 14, delete "audit of any" and insert "**certification of**
- 35 **data provided by a**".
- 36 Page 14, line 14, delete "IC 12-15-16-1(b)" and insert "**IC**
- 37 **12-15-16-1**".
- 38 Page 14, line 17, reset in roman "each".
- 39 Page 14, line 17, reset in roman "year".
- 40 Page 14, line 17, delete "years".
- 41 Page 14, line 18, delete "and June 30, 1999,".
- 42 Page 14, line 20, delete "IC 12-15-16-1(b)" and insert "**IC**
- 43 **12-15-16-1**".
- 44 Page 14, line 23, delete "state fiscal year ending after June 30, 1999,
- 45 for".
- 46 Page 14, line 24, delete "each".

- 1 Page 14, line 25, delete "IC 12-15-16-1(b)" and insert "**IC**
2 **12-15-16-1**".
- 3 Page 14, line 31, delete "section" and insert "**IC 12-15-16-6 or**
4 **sections 1 or**".
- 5 Page 15, line 15, after "audits" insert ",".
- 6 Page 15, line 15, delete "and".
- 7 Page 15, line 15, after "factors" insert ", **and an appropriate base**
8 **year determined by the office**".
- 9 Page 15, line 16, delete "an".
- 10 Page 15, line 16, delete "audit of any" and insert "**certification of**
11 **data provided by a**".
- 12 Page 15, between lines 17 and 18, begin a new paragraph and insert:
13 "**(c) For each of the state fiscal years:**
14 **(1) beginning July 1, 1998, and ending June 30, 1999; and**
15 **(2) beginning July 1, 1999, and ending June 30, 2000;**
16 **the total municipal disproportionate share payments available**
17 **under this section to qualifying municipal disproportionate share**
18 **providers is twenty-two million dollars (\$22,000,000)."**
- 19 Page 15, line 23, delete "IC 12-15-16-1(c)" and insert "**IC**
20 **12-15-16-1**".
- 21 Page 15, line 35, delete "IC 12-15-16-1(c)" and insert "**IC**
22 **12-15-16-1**".
- 23 Page 15, line 40, after "audits" insert ",".
- 24 Page 15, line 40, delete "and".
- 25 Page 15, line 41, after "factors" insert ", **and an appropriate base**
26 **year determined by the office**".
- 27 Page 15, line 41, delete "an".
- 28 Page 15, line 41, delete "audit of any" and insert "**certification of**
29 **data provided by a**".
- 30 Page 16, line 6, after "to" insert "**:**
31 **(1) section 10.1 of this chapter for the state fiscal year**
32 **beginning July 1, 1998, and ending June 30, 1999; and**
33 **(2)**".
- 34 Page 16, line 6, after "chapter" delete "," and insert "**for state fiscal**
35 **years beginning after June 30, 1999;**".
- 36 Page 16, line 20, after "10." insert "**(a) This subsection applies for**
37 **the state fiscal year beginning July 1, 1999, and ending June 30,**
38 **2000. If the state exceeds the state disproportionate share**
39 **allocation (as defined in 42 U.S.C. 1396r-4(f)(2)) or the state limit**
40 **on disproportionate share expenditures for institutions for mental**
41 **diseases (as defined in 42 U.S.C. 1396r-4(h)), the state shall pay**
42 **providers as follows:**
- 43 **(1) The state shall make disproportionate share provider**
44 **payments to municipal disproportionate share providers**
45 **qualifying under IC 12-15-16-1(b) until the state exceeds the**
46 **state disproportionate share allocation. The total amount paid**

1 to municipal disproportionate share providers under
 2 IC 12-15-16-1(b) may not exceed twenty-two million dollars
 3 (\$22,000,000).

4 (2) After the state makes all payments under subdivision (1),
 5 if the state fails to exceed the state disproportionate share
 6 allocation, the state shall make disproportionate share
 7 provider payments to providers qualifying under
 8 IC 12-15-16-1(a).

9 (3) After the state makes all payments under subdivision (2),
 10 if the state fails to exceed the state disproportionate share
 11 allocation, the state shall make community mental health
 12 center disproportionate share provider payments to providers
 13 qualifying under IC 12-15-16-1(c).

14 (b) This subsection applies for state fiscal years beginning after
 15 June 30, 2000."

16 Page 16, line 27, delete ",,".

17 Page 16, line 28, delete "IC 12-15-16-1(b), and IC 12-15-16-1(c)".

18 Page 16, line 36, reset in roman "municipal".

19 Page 16, line 41, reset in roman "community mental health center".

20 Page 17, between lines 1 and 2, begin a new paragraph and insert:

21 "SECTION 17. IC 12-15-19-10.1 IS ADDED TO THE INDIANA
 22 CODE AS A NEW SECTION TO READ AS FOLLOWS
 23 [EFFECTIVE JULY 1, 1998 (RETROACTIVE)]: **Sec. 10.1. (a)**
 24 **Notwithstanding section 10 of this chapter, this section governs**
 25 **disproportionate share payments for the period beginning July 1,**
 26 **1998, and ending June 30, 1999.**

27 (b) If the state exceeds the state disproportionate share
 28 allocation (as defined in 42 U.S.C. 1396r-4(f)(2)) or the state limit
 29 on disproportionate share expenditures for institutions for mental
 30 diseases (as defined in 42 U.S.C. 1396r-4(h)), the state shall pay
 31 providers as follows:

32 (1) The state shall make basic disproportionate share provider
 33 payments under IC 12-15-16-1(a) until the state exceeds the
 34 state disproportionate share allocation.

35 (2) After the state makes all payments under subdivision (1),
 36 if the state fails to exceed the state disproportionate share
 37 allocation, the state shall make municipal disproportionate
 38 share provider payments under IC 12-15-16-1(c). The total
 39 amount paid to municipal disproportionate share providers
 40 under IC 12-15-16-1(c) may not exceed twenty-two million
 41 dollars (\$22,000,000).

42 (3) After the state makes all payments under subdivision (2),
 43 if the state fails to exceed the state disproportionate share
 44 allocation, the state shall make enhanced disproportionate
 45 share provider payments under IC 12-15-16-1(b).

46 (4) After the state makes all payments under subdivision (3),
 47 if the state fails to exceed the state disproportionate share

- 1 **allocation, the state shall make community mental health**
- 2 **center disproportionate share provider payments under**
- 3 **IC 12-15-16-1(d)."**
- 4 Page 17, line 11, delete "(3)".
- 5 Page 17, line 11, strike "Disproportionate share payments and
- 6 significant".
- 7 Page 17, strike lines 12 through 13.
- 8 Page 17, line 14, reset in roman "(3)".
- 9 Page 17, line 14, delete "(4)".
- 10 Page 17, line 17, reset in roman "(4)".
- 11 Page 17, line 17, delete "(5)".
- 12 Page 17, line 37, strike "treasurer".
- 13 Page 17, line 40, delete "IC 12-15-16-1(c)" and insert "**IC**
- 14 **12-15-16-1"**.
- 15 Page 18, line 1, strike "treasurer".
- 16 ReNUMBER all SECTIONS consecutively.
(Reference is to HB 1352 as printed January 21, 2000.)

Representative Crawford