

# PROPOSED AMENDMENT

## HB 1327 # 9

### DIGEST

Hospital reporting. Removes separate reporting requirements for hospitals. Adds additional reporting requirements to the existing hospital reporting statute.

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- 1           Page 1, line 5, delete "IC 16-19-18-5,".
- 2           Page 2, line 13, delete "IC 16-19-18," and insert "**IC 16-21-6**,".
- 3           Page 2, line 14, delete "IC 16-19-18-1." and insert "**IC 23-1-43-8**,".
- 4           Page 2, delete lines 15 through 42, begin a new paragraph and
- 5 insert:
- 6           "SECTION 3. IC 16-21-6-3, AS AMENDED BY THE
- 7 TECHNICAL CORRECTIONS BILL OF THE 2024 GENERAL
- 8 ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 9 JULY 1, 2024]: Sec. 3. (a) Each hospital shall file with the state
- 10 department a report for the preceding fiscal year within one hundred
- 11 twenty (120) days after the end of the hospital's fiscal year. For the
- 12 filing of a report, ~~for 2022~~, the state department shall grant an
- 13 extension of the time to file the report if the hospital shows good cause
- 14 for the extension. The report must contain the following:
- 15           (1) A copy of the hospital's balance sheet, including a statement
- 16 describing the hospital's total assets and total liabilities.
- 17           (2) A copy of the hospital's income statement.
- 18           (3) A statement of changes in financial position.
- 19           (4) A statement of changes in fund balance.
- 20           (5) Accountant notes pertaining to the report.
- 21           (6) A copy of the hospital's report required to be filed annually
- 22 under 42 U.S.C. 1395g, and other appropriate utilization and
- 23 financial reports required to be filed under federal statutory law.
- 24           (7) Net patient revenue and total number of paid claims, including
- 25 providing the information as follows:
- 26           (A) The net patient revenue and total number of paid claims
- 27 for inpatient services for:

- 1 (i) Medicare;
- 2 (ii) Medicaid;
- 3 (iii) commercial insurance, including inpatient services
- 4 provided to patients participating in a fully-funded health
- 5 insurance plan or a self-funded health insurance plan;
- 6 (iv) self-pay; and
- 7 (v) any other category of payer.
- 8 (B) The net patient revenue and total number of paid claims
- 9 for outpatient services for:
  - 10 (i) Medicare;
  - 11 (ii) Medicaid;
  - 12 (iii) commercial insurance, including outpatient services
  - 13 provided to patients participating in a fully-funded health
  - 14 insurance plan or a self-funded health insurance plan;
  - 15 (iv) self-pay; and
  - 16 (v) any other category of payer.
- 17 (C) The total net patient revenue and total number of paid
- 18 claims for:
  - 19 (i) Medicare;
  - 20 (ii) Medicaid;
  - 21 (iii) commercial insurance, including the total net patient
  - 22 revenue for services provided to patients participating in a
  - 23 fully-funded health insurance plan or a self-funded health
  - 24 insurance plan;
  - 25 (iv) self-pay; and
  - 26 (v) any other category of payer.
- 27 (8) Net patient revenue and total number of paid claims from
- 28 facility fees, including providing the information as follows:
  - 29 (A) The net patient revenue and total number of paid claims
  - 30 for inpatient services from facility fees for:
    - 31 (i) Medicare;
    - 32 (ii) Medicaid;
    - 33 (iii) commercial insurance, including inpatient services from
    - 34 facility fees provided to patients participating in a
    - 35 fully-funded health insurance plan or a self-funded health
    - 36 insurance plan;
    - 37 (iv) self-pay; and
    - 38 (v) any other category of payer.
  - 39 (B) The net patient revenue and total number of paid claims
  - 40 for outpatient services from facility fees for:

- 1 (i) Medicare;  
 2 (ii) Medicaid;  
 3 (iii) commercial insurance, including outpatient services  
 4 from facility fees provided to patients participating in a  
 5 fully-funded health insurance plan or a self-funded health  
 6 insurance plan;  
 7 (iv) self-pay; and  
 8 (v) any other category of payer.
- 9 (C) The total net patient revenue and total number of paid  
 10 claims from facility fees for:  
 11 (i) Medicare;  
 12 (ii) Medicaid;  
 13 (iii) commercial insurance, including the total net patient  
 14 revenue from facility fees provided ~~from facility fees~~ to  
 15 patients participating in a fully-funded health insurance plan  
 16 or a self-funded health insurance plan;  
 17 (iv) self-pay; and  
 18 (v) any other category of payer.
- 19 (9) Net patient revenue and total number of paid claims from  
 20 professional fees, including providing the information as follows:  
 21 (A) The net patient revenue and total number of paid claims  
 22 for inpatient services from professional fees for:  
 23 (i) Medicare;  
 24 (ii) Medicaid;  
 25 (iii) commercial insurance, including inpatient services from  
 26 professional fees provided to patients participating in a  
 27 fully-funded health insurance plan or a self-funded health  
 28 insurance plan;  
 29 (iv) self-pay; and  
 30 (v) any other category of payer.
- 31 (B) The net patient revenue and total number of paid claims  
 32 for outpatient services from professional fees for:  
 33 (i) Medicare;  
 34 (ii) Medicaid;  
 35 (iii) commercial insurance, including outpatient services  
 36 from professional fees provided to patients participating in  
 37 a fully-funded health insurance plan or a self-funded health  
 38 insurance plan;  
 39 (iv) self-pay; and  
 40 (v) any other category of payer.

- 1 (C) The total net patient revenue and total number of paid  
2 claims from professional fees for:
- 3 (i) Medicare;
  - 4 (ii) Medicaid;
  - 5 (iii) commercial insurance, including the total net patient  
6 revenue from professional fees provided to patients  
7 participating in a fully-funded health insurance plan or a  
8 self-funded health insurance plan;
  - 9 (iv) self-pay; and
  - 10 (v) any other category of payer.
- 11 (10) A statement including:
- 12 (A) Medicare gross revenue;
  - 13 (B) Medicaid gross revenue;
  - 14 (C) other revenue from state programs;
  - 15 (D) revenue from local government programs;
  - 16 (E) local tax support;
  - 17 (F) charitable contributions;
  - 18 (G) other third party payments;
  - 19 (H) gross inpatient revenue;
  - 20 (I) gross outpatient revenue;
  - 21 (J) contractual allowance;
  - 22 (K) any other deductions from revenue;
  - 23 (L) charity care provided;
  - 24 (M) itemization of bad debt expense; and
  - 25 (N) an estimation of the unreimbursed cost of subsidized  
26 health services.
- 27 (11) A statement itemizing donations.
- 28 (12) A statement describing the total cost of reimbursed and  
29 unreimbursed research.
- 30 (13) A statement describing the total cost of reimbursed and  
31 unreimbursed education separated into the following categories:
- 32 (A) Education of physicians, nurses, technicians, and other  
33 medical professionals and health care providers.
  - 34 (B) Scholarships and funding to medical schools, and other  
35 postsecondary educational institutions for health professions  
36 education.
  - 37 (C) Education of patients concerning diseases and home care  
38 in response to community needs.
  - 39 (D) Community health education through informational  
40 programs, publications, and outreach activities in response to

1 community needs.  
2 (E) Other educational services resulting in education related  
3 costs.

4 **(14) The name of each person that has an ownership or**  
5 **controlling interest in the hospital.**

6 **(15) The name of each physician group in which the hospital**  
7 **has an ownership or controlling interest.**

8 (b) The information in the report filed under subsection (a) must be  
9 provided from reports or audits certified by an independent certified  
10 public accountant or by the state board of accounts. **The information**  
11 **included in subsection (a)(14) and (a)(15):**

- 12 **(1) must include:**
  - 13 **(A) the mailing address of each person or physician group**
  - 14 **listed, including:**
    - 15 **(i) building number;**
    - 16 **(ii) street name;**
    - 17 **(iii) city name;**
    - 18 **(iv) zip code; and**
    - 19 **(v) country name; and**
  - 20 **(B) the website of each person or physician group listed;**
  - 21 **and**

22 **(2) may not include a post office box.**

23 (c) A hospital that fails to file the report required under subsection  
24 (a) by the date required shall pay to the state department a fine of one  
25 thousand dollars (\$1,000) per day for which the report is past due. A  
26 fine under this subsection shall be deposited into the payer affordability  
27 penalty fund established by IC 12-15-1-18.5.

28 ~~(d) If a hospital submitted the hospital's report for 2022 before July~~  
29 ~~1, 2023; the hospital must submit a revised report with the data set~~  
30 ~~forth in subsection (a)(7) through (a)(9) before December 1, 2023. This~~  
31 ~~subsection expires December 31, 2023."~~

32 Delete page 3.

33 Page 4, delete lines 1 through 18.

34 Renumber all SECTIONS consecutively.

(Reference is to HB 1327 as printed January 30, 2024.)