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State/Territory Name: IN

State Plan Amendment (SPA) #: 15-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

August 12, 2015

Joe Moser, Director of Medicaid
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, Indiana 46204

ATTN: Kelly Flynn

RE: TN IN 15-0022

Dear Mr. Moser,

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #15-0022:

- This SPA makes conforming changes to the State Plan to extend the three percent rate reductions for home health agency services that are currently set to expire on June 30, 2015. These rate reductions will be extended for the period July 1, 2015 through June 30, 2017.
- Effective Date: July 1, 2015

If you have any questions, please have a member of your staff contact Elizabeth Lewis at (312) 353-1756 or by email at elizabeth.lewis@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, acting

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-022

2. STATE
Indiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2015

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.70 and 42 CFR 441.15

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0

b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B page 3c.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19B page 3c.1

10. SUBJECT OF AMENDMENT:

This State Plan amendment makes conforming changes to the State Plan to extend the current three percent (3%) rate reductions for home health agency (HHA) services that are currently set to expire on June 30, 2015. These rate reductions will be extended for the period July 1, 2015 through June 30, 2017.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

**Indiana's Medicaid State Plan does not require the
Governor's review. See Section 7.4 of the State Plan**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joseph Moser

14. TITLE: Medicaid Director

15. DATE SUBMITTED: 6/25/15

16. RETURN TO:

Joseph Moser
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W382
Indianapolis, IN 46204
ATTN: Kelly Flynn, State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/25/15

18. DATE APPROVED:

8/12/15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/15

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Alan Freund

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

Retroactive payment will be required when any of the following occur:

- (1) A field audit identifies overpayment by Medicaid.
- (2) The provider knowingly receives overpayment of a Medicaid claim from the Office.
In this event, the provider must:
 - (A) complete appropriate Medicaid billing adjustment forms; and
 - (B) reimburse the Office for the amount of the overpayment.

New rates set on July 1, 2008, shall be:

- (1) effective on July 1; and
- (2) annually adjusted thereafter based upon the most recently submitted financial and statistical documentation as filed by all providers of services who billed Medicaid for services provided during the cost report period.

The rates paid to providers in accordance with methods described in Attachment 4.19-B for home health services are subject to a three percent (3%) reduction for services through June 30, 2017. All fee schedules are available through the agency's website at www.indianamedicaid.com.

TN# 15-022
Supersedes
TN# 13-002

Approval Date: 8/12/15

Effective Date: July 1, 2015