

## **Table of Contents**

**State/Territory Name: IN**

**State Plan Amendment (SPA) #: 16-0011**

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



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January 17, 2017

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

ATTN: Tim Hawkins

RE: IN SPA TN# 16-0011, Skin Substitutes

Dear Mr. Moser:

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

Transmittal #16-0011:

- The SPA establishes a single reimbursement rate for skin substitutes.
- Effective Date: November 1, 2016

If you have any questions, please have a member of your staff contact Jennifer Maslowski at 217-492-4120 or by email at [jennifer.maslowski@cms.hhs.gov](mailto:jennifer.maslowski@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

cc: Kelly Flynn, FSSA  
Tim Hawkins, FSSA

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

1. TRANSMITTAL NUMBER:  
TN 16-0011

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  
November 1, 2016

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:

405 IAC 5-3-13, 42 CFR 447.205  
42 CFR 447.321 KBF 12/20/16

7. FEDERAL BUDGET IMPACT: (in thousands)

- a. FFY 2017 \$3.00  
b. FFY 2018 \$3.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 3-4  
Attachment 2.0a.1 (new) KBF 12/20/16  
4.19B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

New

10. SUBJECT OF AMENDMENT:

This State Plan amendment makes conforming changes to the State Plan to establish a single reimbursement rate for skin substitutes, effective November 1, 2016. This change is necessary in order to establish an appropriate reimbursement rate for these services.

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: 10.24.16

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, Waiver and State Plan Director

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: October 24, 2016

18. DATE APPROVED: January 17, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
November 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME:  
Ruth A. Hughes

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

**Outpatient Hospital Services (cont.)**

**Skin Substitutes**

Covered skin substitutes provided on or after November 1, 2016, shall be reimbursed in accordance with this section.

Reimbursement for skin substitutes is equal to the lower of the provider's submitted charges, not to exceed the provider's usual and customary charges, or the Medicaid allowable amount. The Medicaid allowable amount is a single reimbursement rate applicable to all covered skin substitutes. The reimbursement rate is calculated based on claims and cost report data to determine the average cost for covered skin substitutes.

Except as otherwise noted in the state plan, the state-developed fee schedule rate for these services is the same for both governmental and private providers. The agency's fee schedule rate is published on the agency's website at [www.indianamedicaid.com](http://www.indianamedicaid.com).

TN # 16-011  
Supersedes  
TN # New

Approval Date 1/17/17

Effective Date November 1, 2016