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State/Territory Name: Indiana

State Plan Amendment (SPA) #: 17-0010

This file contains the following documents in the order listed:

- 1) Technical Correction Letter
- 2) Original Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



August 11, 2017

Allison Taylor, Interim Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

RE: Technical Correction to State Plan Amendment Transmittal Number (TN) 17-0010

Dear Ms. Taylor:

This is a technical correction to the physician assistant reimbursement state plan amendment, TN 17-0010, which was approved on June 12, 2017 with an effective date of January 1, 2017. On Attachment 4.19-B, page 1c, the TN that is superseded is being changed from 16-001 to 16-012.

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.

Sincerely,

/s/

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

Enclosure

cc: Tim Hawkins, OMPP
Kelly Flynn, OMPP



June 12, 2017

Allison Taylor, Interim Medicaid Director
Family Social Services Administration
402 West Washington, Room W461
Indianapolis, IN 46204

ATTN: Tim Hawkins

RE: Transmittal Number (TN) 17-0010

Dear Ms. Taylor:

Enclosed for your records is an approved copy of the following state plan amendment.

TN 17-0010:

- This state plan amendment permits physician assistants to individually enroll with the Medicaid program as a provider of services and revises reimbursement for physician assistant services to 75 percent of the physician fee schedule rate.
- Effective Date: January 1, 2017
- Approval Date: June 12, 2017

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.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Tim Hawkins, OMPP
Kelly Flynn, OMPP

Edited 4.26.17 by TBHII
5.17.17

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-010	2. STATE Indiana
	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 January 1, 2017	

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 440.60	7. FEDERAL BUDGET IMPACT (in thousands): a. FFY 2017 (\$491) b. FFY 2018 (\$643)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1c <i>Attachment 3.1-A, Page 12</i> <i>Attachment 3.1-A, Addendum Page 3a</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 1c <i>Attachment 3.1-A, Page 12</i> <i>Attachment 3.1-A, Addendum Page 3a</i>

10. SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan to revise reimbursement for physician assistant services to 75% of the physician fee schedule rate in order to reflect differences in education and training. This change is being made in conjunction with OMPP's policy change to permit physician assistants to individually enroll with the Medicaid program as a provider of services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 	16. RETURN TO: Joseph Moser Medicaid Director Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382 Indianapolis, IN 46204 ATTN: Timothy Hawkins
13. TYPED NAME: Joseph Moser	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED: 3.24.17	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 24, 2017	18. DATE APPROVED: jJune12, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

The following HCPCS codes will be reimbursed using a conversion factor that is eighty percent (80%) of the 2014 MPFS conversion factor of \$35.8228: 90785 – 90870, 96150 – 96155, and 99407 – 99408.

3. Services provided by independently practicing respiratory therapists (42 CFR 440.60), physical therapists' assistants (42 CFR 440.110) and advance practice nurses (42 CFR 440.166) will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure. State developed fee schedule rates are the same for both public and private providers of these services.
4. Services provided for dates of service on or after March 28, 2016 by a credentialed registered behavior technician (RBT) and supervised by a master's or doctoral level board certified behavior analyst shall be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure. Services provided by a RBT under this section prior to March 28, 2016 are not reimbursable.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and privately employed RBTs. The agency's fee schedule rate was set as of February 1, 2015 and is effective for services provided on or after that date. All rates are published at www.indianamedicaid.com

IV. Application of the RBRVS reimbursement methodology for services provided by other licensed practitioners

1. Certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs) are reimbursed at 60% of the allowable physician rate.
2. **Physician assistants are reimbursed at 75% of the allowable physician rate.**
3. Outpatient mental health services provided by:
 - a licensed independent practice school psychologist, a licensed clinical social worker, a licensed marital and family therapist, a licensed mental health counselor, a licensed clinical addiction counselor, or a person holding a master's degree in social work, marital and family therapy, or mental health counseling in a physician-directed outpatient mental health facility will be reimbursed at seventy-five percent (75%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

The following HCPCS codes will be reimbursed using a conversion factor that is eighty percent (80%) of the 2014 MPFS conversion factor of \$35.8228: 90785 – 90870, 96150 – 96155, and 99407 – 99408.

V. Laboratory services

1. For laboratory procedures not included in the Medicare Part B fee schedule for physician services, reimbursement is based on the Medicare clinical laboratory fee schedule and is paid on a per test basis. The fee schedule rate for each laboratory procedure does not exceed the current Medicare fee schedule amount. Medicaid clinical diagnostic laboratory fee schedules comply with Section 1903(i)(7) that limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis.

TN # 17-010

Supersedes

TN # 16-012

Approval Date 6/12/17

Effective Date January 1, 2017

6.d. Other Practitioners' services Provided with limitations.
(continued)

Physician Assistants' services Reimbursement is available for medically necessary health care services provided by a licensed, certified Physician Assistant within the scope of the applicable license and certification.