

Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA) #: 17-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



August 22, 2018

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

ATTN: Gabrielle Koenig

RE: Transmittal Number (TN) 17-0015

Dear Ms. Taylor:

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

TN 17-0015: This SPA adds reimbursement for the services provided by a community mental health center on or after August 1, 2017 that are enrolled qualified clinics approved by the state, and shall be reimbursed by the Medicaid RBRVs fee schedule, or percentage thereof, of the practitioner employed or contracted with the clinic.

- Effective Date: August 1, 2017
- Approval Date: August 22, 2018

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: Gabrielle Koenig, OMPP
Kelly Flynn, OMPP

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

1. TRANSMITTAL NUMBER:
17-015

2. STATE
Indiana

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

4. PROPOSED EFFECTIVE DATE
August 1, 2017

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

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 440.90

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY 2017 \$119
b. FFY 2018 \$495

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.19-B page 2

10. SUBJECT OF AMENDMENT: This State Plan amendment makes conforming changes to the State Plan to add reimbursement for the services provided by a community mental health center on or after August 1, 2017 that are enrolled qualified clinics approved by the state and shall be reimbursed by the Medicaid RBRVS fee schedule, or percentage thereof, of the practitioner employed or contracted with the clinic. This change will expand the number of practitioners providing services and will ensure Medicaid beneficiaries have access to care

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:
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
ATTN: Gabrielle Koenig, Federal Relations Lead

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED:
9/13/17 (original) / 8/9/18 (revision)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 13, 2017

18. DATE APPROVED:
August 22, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Fee Schedule Rates for Free Standing Clinic Services, Ambulatory Surgical Centers, and Outpatient Hospital Services are the same for governmental and private providers except as otherwise noted in the Plan. The agency's fee schedule rates were set on various dates and are in effect for services provided on or after April 1, 2010. All rates and effective dates are published on the agency's website at www.indianamedicaid.com.

CLINIC SERVICES

FREE STANDING CLINIC SERVICES

Freestanding clinic services are reimbursed on a fee for service basis according to the Indiana Medicaid fee schedule rates. The rates paid to freestanding renal dialysis clinics for services provided on or after July 1, 2011 are subject to a 5% reduction. The 5% rate reduction will remain in effect through December 31, 2013.

AMBULATORY SURGICAL CENTERS

As applicable, services provided by free-standing Ambulatory Surgical Centers (ASC) are reimbursed in accordance with outpatient hospital services as described below.

COMMUNITY MENTAL HEALTH CENTERS

Services provided by a community mental health centers on or after August 1, 2017 that are enrolled qualified clinics approved by the state shall be reimbursed by the Medicaid RBRVS fee schedule, or percentage thereof, of the practitioner employed or contracted with the clinic. Except as otherwise noted in the plan, the rates are the same for both governmental and private community mental health centers. All rates are published at www.indianamedicaid.com.

UPPER PAYMENT LIMIT DEMONSTRATION

Federal regulations (42 CFR §447.321) require that the payment system not pay more for clinic services than a reasonable estimate of what Medicare would pay for Medicaid equivalent services.

OUTPATIENT HOSPITAL SERVICES

The reimbursement methodology for all covered outpatient hospital services shall be subject to the lower of the submitted charges for the procedure or the established fee schedule allowance for the procedure as provided in this section. Services shall be billed in accordance with provider manuals and update bulletins.

(a) Reimbursement for outpatient surgical procedures performed in a hospital or provider-based ambulatory surgical center will be based on the Indiana Medicaid statewide allowed amounts for that service. Surgical procedures shall be classified into a group corresponding to the Medicare ambulatory surgical center (ASC) methodology and shall be paid a rate established for each ASC payment group. The Office of Medicaid Policy and Planning will classify outpatient surgical procedures not classified into an ASC group by Medicare into one of the nine (9) ASC groups designated by Medicare, or additional payment groups.

(b) Payments for provider-based emergent care that do not include surgery and that are provided in an emergency department, treatment room, observation room, or clinic will be based on the 2003 statewide fee schedule amounts for services provided on or after April 1, 2004.

(c) Payments for provider-based non-emergent care that do not include surgery and that are provided in an emergency department, treatment room, observation room, or clinic will be based on the 2003 statewide fee schedule amounts for services provided on or after April 1, 2004.

(d) The fixed fees for laboratory procedures are based on the Medicare fee schedule amounts and are paid on a per test basis. The fee schedule rate for each laboratory procedure does not exceed the current Medicare fee schedule amount. Reimbursement for the technical component of radiology procedures shall be based on the Indiana Medicaid physician fee schedule amounts for the technical component of radiology services.

(e) Reimbursement allowances for all outpatient hospital procedures not addressed elsewhere in this section, for example, therapies, testing, etc., will be based on the 2003 Indiana Medicaid statewide fee schedule amounts for services provided on or after April 1, 2004.

(f) Payments will not be made for outpatient hospital services occurring within three (3) calendar days preceding an inpatient admission for the same or related diagnosis. The office may exclude certain services or categories of service from this requirement. Such exclusions will be described in provider manuals and update bulletins.

The established rates for hospital outpatient reimbursement shall be reviewed annually by the Office of Medicaid Policy and Planning and adjusted no more frequently than every second year and in accordance with this section to ensure that revisions contain appropriate incentives for provision of primary and preventive care.