

Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA) #: 18-005

This file contains the following documents in the order listed:

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



November 28, 2018

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

ATTN: Gabrielle Koenig

RE: Transmittal Number (TN) 18-005

Dear Ms. Taylor:

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

TN 18-005: This SPA adds reimbursement for the services of community health workers. Reimbursement will be made under the physician fee schedule reimbursement methodology.

- Effective Date: July 1, 2018
- Approval Date: November 28, 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
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 18-005	2. STATE Indiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2018	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
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 C.F.R. 440.60	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 5 b. FFY 2019 \$ 20
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Addendum Page 3a Attachment 4.19B Page 1 Attachment 4.19B Page 1b Attachment 4.19B Page 1c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A Addendum Page 3a Attachment 4.19B Page 1 Attachment 4.19B Page 1b Attachment 4.19B Page 1c


10. SUBJECT OF AMENDMENT:

This State Plan amendment makes conforming changes to the State Plan to add reimbursement for the services of community health workers. Reimbursement will be made under the physician fee schedule reimbursement methodology.

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 W382 Indianapolis, IN 46204 ATTN: Gabrielle Koenig, Federal Relations Lead
13. TYPED NAME: Allison Taylor	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED 9-7-2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 7, 2018	18. DATE APPROVED November 28, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE Associate Regional Administrator

23. REMARKS

6.d.	Other Practitioners' services (continued)	Provided with limitations.
	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.
	Community Health Workers' Services	Reimbursement is available for medically necessary health care services provided by a certified community health worker within the scope of the applicable certification program. The services within the applicable certification program of a certified community health worker should be within the scope of practice for each of the following supervising licensed practitioners: health services provider in psychology, advanced practice nurse, physician assistant, podiatrist, and chiropractor. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker. Each supervising licensed practitioner shall bill for the services of the certified community health worker.

**REIMBURSEMENT FOR SERVICES PROVIDED BY PHYSICIANS, LIMITED
LICENSE PRACTITIONERS, AND NON-PHYSICIAN PRACTITIONERS**

I. A. Summary of the Resource-Based Relative Value Scale (RBRVS) reimbursement methodology

All services provided by physicians, limited license practitioners, and non-physician practitioners will be reimbursed according to a statewide fee schedule based on a Resource-Based Relative Value Scale (RBRVS). This includes services provided by:

Physicians and Limited License Practitioners

- doctors of medicine,
- osteopaths,
- physician or primary care group practices,
- optometrists,
- podiatrists,
- dentists who are oral surgeons,
- chiropractors, and
- health service providers in psychology.

Non-Physician Practitioners

- audiologists,
- physical, occupational, respiratory, and speech therapists,
- licensed psychologists,
- independent laboratory or radiology providers,
- advance practice nurses,
- dentists who are not oral surgeons.
- board certified behavior analysts
- credentialed registered behavior technicians
- pharmacist for tobacco cessation counseling services

Other Licensed or Certified Practitioners

- physician assistants,
- licensed independent practice school psychologist,
- licensed clinical social worker,
- licensed marital and family therapist,
- licensed mental health counselor,
- person holding a master's degree in social work, marital and family therapy, or mental health counseling,
- licensed clinical addiction counselors
- certified registered nurse anesthetists, and
- anesthesiologist assistants
- community health workers

All Other Licensed or Certified Practitioners are required to work under the direct supervision of a physician. All Other Licensed Practitioners or Certified Practitioners, except CRNAs, must bill under the supervising physician's provider number. Except as otherwise noted in the plan, state-developed fee schedule rates for these services are the same for both governmental and private providers. The agency's fee schedule rates were effective for services provided on or after February 1, 2015. All rates and effective dates are published on the agency's website at www.provider.indianamedicaid.com.

TN # 18-005

Supersedes

TN # 17-003

Approval Date 11/28/18

Effective Date July 1, 2018

II. Application of reimbursement methodology for services provided by physicians and limited license practitioners (LLPs)

1. Reimbursement for services provided by physicians and limited license practitioners (LLPs), except for services described in subdivisions two (2) through six (6) below, will be equal to the lower of:
 - the provider's submitted charges for the procedure, or
 - the established Medicaid RBRVS physician fee schedule allowance for the procedure.
2. Services provided by assistant surgeons will be reimbursed at twenty percent (20%) of the Medicaid RBRVS physician amount for the procedure and cosurgeons at sixty-two and one-half percent (62.5%) of the RBRVS fee schedule amount for the procedure.
3. Reimbursement for all services is subject to the global surgery policy as defined by the Centers for Medicare and Medicaid Services for the Medicare Part B fee schedule for physician services.
4. Reimbursement for services provided by physicians and LLPs is subject to the policy for supplies and services incident to other procedures as defined by the by the Centers for Medicare and Medicaid Services for the Medicare Part B fee schedule for physician services.
5. Separate reimbursement will not be made for radiologic contrast material, except for low osmolar contrast material (LOCM) used in intrathecal, intravenous, and intra-arterial injections.
6. Reimbursement for services provided by physicians and LLPs is subject to the site-of-service payment adjustment. Procedures performed in an outpatient setting that are normally provided in a physician's office will be paid at eighty percent (80%) of the Medicaid RBRVS physician fee schedule amount for the procedure.
7. Payments for services to an out-of-state-provider will be negotiated on a case-by-case basis to obtain the lowest possible rate, not to exceed 100% of the provider's reasonable and customary charges, and may differ from the reimbursement methodology or amounts set out in the Indiana Administrative Code when such payments are required because the services are not available in-state or are necessary due to unique medical circumstances requiring care that is available only from a limited number of qualified providers.

III. Application of the RBRVS reimbursement methodology for services provided by non-physician practitioners (NPPs)

1. Reimbursement for services provided by non-physician practitioners (NPPs), except services described below, will be equal to the lower of:
 - the submitted charge for the procedure, or
 - the established Medicaid RBRVS physician fee schedule amount for the procedure.
2. Outpatient mental health services provided by:
 - a licensed psychologist, or an advance practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing 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.

TN # 18-005

Supersedes

TN # 16-001Approval Date 11/28/18Effective Date July 1, 2018

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 on or after February 1, 2015 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.
5. Services provided for dates of service on or after July 1, 2018 by a certified community health worker and supervised by a physician, health services provider in psychology, advanced practice nurse, physician assistant, dentist, podiatrist, or chiropractor shall be reimbursed at fifty percent (50%) of the Medicaid RBRVS physician fee schedule amount for that procedure.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and privately employed providers. All rates are published at www.provider.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 # 18-005

Supersedes

TN # 17-010

Approval Date 11/28/18

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