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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-020 | 2. STATE Indiana |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | 4. PROPOSED EFFECTIVE DATE October 1, 2011 | |
| 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)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(13) of the Social Security Act (42 USC 1396a(a)(13)) and 42 CFR 447, Subpart C | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$57,590 Thousands 83,200 Thousands b. FFY 2013 \$57,590 Thousands |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D Pages 2, 2A, 4, 5, 8, 9, 10, 11, 14, 15, 18, 21, 22, 22 Continued, 22A, 23, 23A, 23B, 23C, 23D, 25, 26, 27, 28, 32, 37, 42, 43, 44, 44 Cont, and 44B, 7, 44c | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19D Pages 2, 4, 5, 8, 9, 10, 11, 14, 15, 18, 21, 22, 22 Continued, 22A, 23, 23A, 23B, 23C, 23D, 25, 26, 27, 28, 32, 37, 42, 43, 44, 44 Cont, and 44B, 7 |

10. SUBJECT OF AMENDMENT:

This SPA makes conforming changes to the State Plan to implement changes made to the Indiana Code at IC 12-15-13-4 by HEA 1001 (2011) that directs OMPP to issue a final recalculated Medicaid rate due to an audit after the reconsideration period rather than waiting until all the appeal rights under 405 IAC 1-1.5-2 have been exhausted, increases Medicaid reimbursement to nursing facilities for initiatives that promote and enhance improvements in quality of care to nursing facility residents, extends the effective dates of various rate parameters and limitations, increases administrative reimbursement, and clarifies provider cost classification and reporting issues.

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

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Patricia Casanova Director of Medicaid Indiana Office of Medicaid Policy and Planning 402 West Washington Street, Room W382 Indianapolis, IN 46204 ATTN: Audie Gilmer, State Plan Coordinator |
| 13. TYPED NAME: Patricia Casanova | |
| 14. TITLE: Director of Medicaid | |
| 15. DATE SUBMITTED: 10-4-11 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: | 18. DATE APPROVED: MAY 22 2012 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2011 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Penny Thompson | 22. TITLE: Deputy Director, CMCS |

23. REMARKS:
Per 9 ink changes made to boxes 7, 8, 9

(c) Retroactive payment or repayment will be required when an audit verifies an underpayment or overpayment due to intentional misrepresentation, billing or payment errors, or misstatement of historical financial or historical statistical data, or resident assessment data which caused a lower or higher rate than would have been allowed had the data been true and accurate. Upon discovery that a provider has received overpayment of a Medicaid claim from the office, the provider must complete the appropriate Medicaid billing adjustment form and reimburse the office for the amount of the overpayment, or the office shall make a retroactive payment adjustment, as appropriate.

TN: 11-020
Supersedes
TN: 10-006

Approval Date: MAY 22 2012 Effective Date: October 1, 2011