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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 13-008  | 2. STATE<br>Indiana |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)                              |                     |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2013   |                     |
| 5. TYPE OF PLAN MATERIAL (Check One):   |  |   |                     |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT |  |   |                     |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)   |  |   |                     |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR 447.405, 447.410, 447.415<br>Affordable Care Act of 2010 and final rule CMS -2370-F                 |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2013      \$28,500 Thousands<br>b. FFY 2014      \$36,875 Thousands |                     |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 4.19-B Pages 1c.4b, 1c.4c, and 1c.4d  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>NA                  |                     |

10. SUBJECT OF AMENDMENT:  
Changes the payment methodology for primary care services provided by certain enrolled physicians and advance practice clinicians

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**

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br> | 16. RETURN TO:<br>Patricia Casanova<br>Director of Medicaid<br>Indiana Office of Medicaid Policy and Planning<br>402 West Washington Street, Room W382<br>Indianapolis, IN 46204<br>ATTN: Audie Gilmer, State Plan Coordinator |
| 13. TYPED NAME: Patricia Casanova  |  |
| 14. TITLE: Director of Medicaid  |  |
| 15. DATE SUBMITTED:<br>March 27, 2013  |  |

| FOR REGIONAL OFFICE USE ONLY         |                                     |
|--------------------------------------|-------------------------------------|
| 17. DATE RECEIVED:<br>March 27, 2013 | 18. DATE APPROVED:<br>June 24, 2013 |
| PLAN APPROVED - ONE COPY ATTACHED    |                                     |

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>January 1, 2013 | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |
| 21. TYPED NAME:<br>Verlon Johnson                           | 22. TITLE:<br>Associate Regional Administrator  |

23. REMARKS: