Table of Contents

State/Territory Name: Indiana

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Financial Management Group

May 31, 2022

Allison Taylor, Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204

RE: TN 21-0004

Dear Ms. Taylor:

We have reviewed the proposed Indiana State Plan Amendment (SPA) to Attachment 4.19-B IN 21-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 15, 2021. This plan amendment revises Medicaid reimbursement for COVID-19 vaccine administration and COVID-19 monoclonal antibody infusion administration.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 21-0004

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: July 1, 2021

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:
Section 1905(a)(13) and (B) of the Social Security Act

7. FEDERAL BUDGET IMPACT (*thousands*):
a. FFY 2021 $304
b. FFY 2022 $1,125

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19B Page 1a.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19B Page 1a.1

10. SUBJECT OF AMENDMENT:
This State Plan amendment makes changes to the State Plan to revise Medicaid reimbursement for COVID-19 vaccine administration and COVID-19 monoclonal antibody infusion administration to be equal to the Indiana Medicare allowed amount for these services. These changes revise the state plan to align with current state policy. These changes will be effective July 1, 2021.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED: September 15, 2021

16. RETURN TO:
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
ATTN: Amy Owens, Government Relations Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **September 15, 2021**

18. DATE APPROVED: May 31, 2022

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **July 1, 2021**

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME: **Todd McMillion**

22. TITLE: **Director, Division of Reimbursement Review**

23. REMARKS:

FORM HCFA-179 (07-92)

units are converted from the actual time reported on the claim at the rate of one unit for each 15 minute period or fraction thereof. Anesthesia time begins when the anesthesiologist begins preparing the patient for anesthesia care and ends when the anesthesiologist is no longer in personal attendance.

Medical direction of two, three, or four anesthesia procedures is reported using modifier QK and is reimbursed at 30% of the allowable physician rate. Separate reimbursement is not available for anesthesia administered by the same provider performing the surgical procedure.

4. The fee schedule amounts for services of dentists in calendar year 1994 were developed based on fiscal year 1992 charges and the percentage difference between physician and LLP submitted charges for fiscal year 1992 and RBRVS fee schedule amounts. Effective August 1, 1995, to determine the Medicaid allowable amount for which the 1992 charges are not available, Medicaid sets reimbursement rates for most dental procedures equal to 100% of the 75th percentile of the rates reported by the American Dental Association for the East North Central Region (ADA-ENC). The ADA-ENC-based rates may be adjusted annually for inflation, using the Consumer Price Index— Urban, Dental (CPI-UD). The Medicaid agency may set reimbursement for specific dental procedures using a different methodology in order to preserve access to the service. The current fee schedule, located at the State's website, in.gov/Medicaid, is effective as of July l, 1998.

   The five percent (5%) reduction in rates paid to providers in accordance with the methods described in Attachment 4.19-B for dental services provided on or after April 1, 2010 is extended through December 31, 2013. These rates are published at the State's website, in.gov/Medicaid.

5. Effective for services provided on or after February 1, 2015, the Indiana Medicaid conversion factor for behavioral health procedures will be 28.6582, which equals 80% of the 2014 MPFS conversion factor of $35.8228. This methodology applies to the following HCPCS codes: 90785 — 90870 and 99407 — 99408.

6. For telemedicine services provided through IA TV technology, a facility fee for the originating site (where the patient is located at the time health care services through telemedicine are provided to the individual) is reimbursed at the lesser of the provider's billed charge or the maximum allowance established by the Office of Medicaid Policy and Planning. The reimbursement rate is paid for one unit per encounter, and the maximum allowance is a state-wide rate based on Medicare's 2005 allowance for the originating site service, which is $21.86.

   If a health care provider's presence at the originating site is determined to be medically necessary by the provider at the distant site, separate reimbursement is available for the appropriate evaluation and management code for the service provided.

   The maximum allowance for reimbursement to the distant site (where the provider is located while providing health care services through telemedicine) is based on specific Evaluation and Management (E&M) and End Stage Renal Disease codes and paid as if a traditional encounter were performed.

   Except as otherwise noted in the plan, state-developed fee schedule rates for telemedicine services are the same for both governmental and private providers. The agency's fee schedule rate was set as of July l, 2007 and is effective for services provided on or after that date. All rates are published at the State's website, in.gov/Medicaid

7. Effective for services provided on or after July 1, 2021, the Medicaid allowed amount for COVID-19 monoclonal antibody infusion administration and COVID-19 vaccine administration will be equal to Indiana Medicare's allowed amount for these services.