INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Water Quality
Notice regarding Publishing
Updated List of Impaired Waters under Section 303(d) of the CWA

The Indiana Department of Environmental Management's (IDEM) Office of Water Quality is preparing to update its List of Impaired Waters, as required by Section 303(d) of the Federal Clean Water Act. The updated List of Impaired Waters is proposed to be published in the October 1, 2003, Indiana Register.

For questions concerning changes to the list, please call Timothy Kroecker, 303(d) List Manager, at (317) 308-3205, or toll free at (800) 451-6027.

OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES
NOTICE OF SIGNIFICANT CHANGES IN MEDICAID METHODS AND STANDARDS FOR SETTING PAYMENT RATES FOR SERVICES

In accordance with the public notice requirements of 42 CFR 447.205 and Section 1902(a)(13)(A) of the Social Security Act, the Indiana Family and Social Services Administration (FSSA), the Office of Medicaid Policy and Planning (the "office") publishes this notice of significant changes in the Medicaid reimbursement methodology for acute care hospitals.

For the state fiscal years beginning after June 30, 2001, eligible hospitals not eligible for disproportionate share payments in a prior state fiscal year under the Indiana Medicaid state plan will receive disproportionate share payments of 33 1/3 % of their individual hospital–specific limit, subject to the availability of state matching funds. After the state fiscal year ending on June 30, 2003, each time the office redetermines the eligibility of disproportionate share hospitals, if the disproportionate share hospital is eligible and did not have a lapse in eligibility for the prior eligibility period, the office will increase the percentage of the hospital's hospital-specific limit for which the hospital may receive disproportionate share payment by 33 1/3 %, not to exceed 100% of the hospital's hospital-specific limit, subject to the availability of state matching funds. Notwithstanding the foregoing, a hospital eligible for disproportionate share payments that is defined as a historical disproportionate share provider will receive 100% of its hospital-specific limit for state fiscal years beginning July 1, 2001 and July 1, 2002, regardless of whether or not it was eligible for disproportionate share payments in the prior eligibility period. Any such payments shall be subject to the availability of state matching funds for the same state fiscal year in which payment for services are made and the ability of the eligible hospitals to make an intergovernmental transfer of funds or have one made on its behalf.

The purpose of this change is to clarify existing language that is already in the State plan. The proposed amendments are not expected to increase or decrease payments to disproportionate share hospitals, with payments made to these facilities on an annual basis. The payment adjustment is subject to the approval of the Centers for Medicare and Medicaid Services, with a proposed effective date of the date of publication of this notice.

There will be no public hearing.

Copies of the proposed state plan amendment are available and may be inspected by contacting the Director of the local County Division of Family and Children office, except in Marion County, where public inspection may be made at 402 West Washington Street, Room W382, Indianapolis, Indiana.

Written comments concerning these amendments may be addressed to Pat Nolting, Office of Medicaid Policy and Planning, Room W382, MS-07, Indianapolis, Indiana 46204-2739. Written comments received will be available for public inspection. Detailed analysis of the estimated financial impact is available upon request to the Office of Medicaid Policy and Planning.

John Hamilton
Secretary
Office of the Secretary of Family and Social Services

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NOTICE OF SIGNIFICANT CHANGES IN MEDICAID METHODS AND STANDARDS FOR SETTING PAYMENT RATES FOR SERVICES

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For the state fiscal years beginning after June 30, 2001, an eligible safety-net hospital not eligible in the prior state fiscal year and not defined as a historical disproportionate share provider under the Indiana Medicaid state plan will receive payments of 33 1/3 % of its inpatient safety-net amount, subject to the availability of state matching funds. Each time the office redetermines the eligibility of safety-net hospitals, if a hospital is eligible and did not have a lapse in eligibility for the prior eligibility period, the office will increase the percentage of the hospital's inpatient safety-net amount for which the hospital may receive by 33 1/3 %, not to exceed 100% of the hospital's inpatient safety-net amount, subject to the availability of state matching funds. However, a hospital eligible for inpatient safety-net payments that is defined as a historical disproportionate share provider will receive 100% of its inpatient safety-net amount, regardless of whether or not it had a lapse in eligibility for the prior eligibility period. A hospital's inpatient safety-net amount equals the difference between (1) the amount of Medicaid payments paid to the hospital (excluding disproportionate share payments provided pursuant to IC 12-15-16, 12-15-17, 12-15-19) for Medicaid inpatient services provided by the hospital during the hospital's fiscal year, and (2) the lesser of the hospital's customary charges for inpatient services and an amount equal to a reasonable estimate by the office of the amount that would be paid for the inpatient services under Medicare payment principles. Any such payments shall be subject to the availability of state matching funds for the same state fiscal year in which payment for services are made and the ability of an eligible hospital to make an intergovernmental transfer of funds or have one made on its behalf.

The purpose of this change is to limit safety net payments for new DSH eligible hospitals. The proposed amendments are not expected to increase or decrease payments to safety-net hospitals, with payment made to these facilities on an annual basis. The payment adjustment is subject to the approval of the Centers for Medicare and Medicaid Services, with a proposed effective date of the publication date of this notice.

There will be no public hearing.

Copies of the proposed state plan amendment are available and may be inspected by contacting the Director of the local County Division of Family and Children office, except in Marion County, where public inspection may be made at 402 West Washington Street, Room W382, Indianapolis, Indiana.

Written comments concerning these amendments may be addressed to Pat Nolting, Office of Medicaid Policy and Planning, Room W382, MS-07, Indianapolis, Indiana 46204-2739. Written comments received will be available for public inspection. Detailed analysis of the estimated financial impact is available upon request to the Office of Medicaid Policy and Planning.

John Hamilton
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OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES
NOTICE OF SIGNIFICANT CHANGES IN MEDICAID METHODS AND STANDARDS FOR SETTING PAYMENT RATES FOR SERVICES

In accordance with the public notice requirements of 42 CFR 447.205 and Section 1902(a)(13)(A) of the Social Security Act, the Indiana Family and Social Services Administration (FSSA), the Office of Medicaid Policy and Planning (the "office") publishes this notice of significant changes in the Medicaid reimbursement methodology for acute care hospitals.

For the state fiscal years beginning after June 30, 2001, an eligible safety-net hospital not eligible in the prior state fiscal year and not defined as a historical disproportionate share provider under the Indiana Medicaid state plan will receive payments of 33 1/3 % of its outpatient safety-net amount, subject to the availability of state matching funds. Each time the office redetermines the eligibility of safety-net hospitals, if a hospital is eligible and did not have a lapse in eligibility for the prior eligibility period, the office will increase the percentage of the hospital's outpatient safety-net amount for which the hospital may receive payment by 33 1/3 %, not to exceed 100% of the hospital's outpatient safety-net amount, subject to the availability of state matching funds. However, a hospital eligible for outpatient safety-net payments that is defined as a historical disproportionate share provider will receive 100% of its outpatient safety-net amount, regardless of whether or not it had a lapse in eligibility for the prior eligibility period. A hospital's outpatient safety-net amount equals the difference between (1) the amount of Medicaid payments paid to the hospital (excluding disproportionate share payments provided pursuant to IC 12-15-16, 12-15-17, 12-15-19) for Medicaid outpatient services provided by the hospital during the hospital's fiscal year, and (2) the lesser of the hospital's customary charges for outpatient services and an amount equal to a reasonable estimate by the office of the amount that would be paid for the outpatient services under Medicare payment principles. Any such payments shall be subject to the availability of state matching funds for the same state fiscal year in which payment for services are made and the ability of an eligible hospital to make an intergovernmental transfer of funds or have one made on its behalf.

The purpose of this change is to limit safety net payments for new DSH eligible hospitals. The proposed amendments are not expected to increase or decrease payments to safety-net hospitals, with payments made to these facilities on an annual basis. The payment adjustment is subject to the approval of the Centers for Medicare and Medicaid Services, with a proposed effective date of the date of publication of this notice.

There will be no public hearing.

Copies of the proposed state plan amendment are available and may be inspected by contacting the Director of the local County Division of Family and Children office, except in Marion County, where public inspection may be made at 402 West Washington Street, Room W382, Indianapolis, Indiana.

Written comments concerning these amendments may be addressed to Pat Nolting, Office of Medicaid Policy and Planning, Room W382, MS-07, Indianapolis, Indiana 46204-2739. Written comments received will be available for public inspection. Detailed analysis of the estimated financial impact is available upon request to the Office of Medicaid Policy and Planning.

John Hamilton
Secretary
Office of the Secretary of Family and Social Services

OFFICE OF THE SECRETARY OF FAMILY AND SOCIAL SERVICES
OFFICE OF MEDICAID POLICY AND PLANNING
PUBLIC NOTICE REGARDING CHANGES IN STATEWIDE METHODS AND STANDARDS FOR SETTING PAYMENT RATES FOR INTESTINAL AND MULTIVISCERAL TRANSPLANTS

In accordance with the public notice requirements established at 42 CFR 447.205 and Section 1902(a)(13)(A) of the Social Security Act, the Indiana Family and Social Services Administration (FSSA) the Office of Medicaid Policy and Planning (the "office"), publishes this notice of changes to the methods and standards governing Medicaid reimbursement methodology, for intestinal and multivisceral transplants provided by hospitals.

The reimbursement methodology for all covered intestinal and multivisceral transplants shall be ninety percent (90%) of reasonable cost until such time a DRG can be assigned to adequately reimburse these transplants costs.

This payment methodology is expected to result in an increase in Medicaid program expenditures (both state and federal dollars) of approximately $628.2 thousand per state fiscal year. The change in reimbursement methodology will be effective September 1, 2003.

Copies of the proposed state plan amendment and this public notice will be on file beginning September 1, 2003, and open for public inspection by contacting the Director of the local office of the Division of Family and Children, except in Marion County. The inspection material will be maintained for viewing in Marion County at the Office of Medicaid Policy and Planning, 402 West Washington Street, Room W382, and will be available from 8:30 am to 4:30 pm, Monday through Friday. Written comments from any source regarding these changes should be sent to the Office of Medicaid Policy and Planning, 402 West Washington Street, Room W382, Indianapolis, IN 46204 to the attention of Pat Nolting. Written comments received will also be available for public review.

John Hamilton
Office of the Secretary of Family and Social Services

INDIANA MEDICAID DRUG UTILIZATION REVIEW BOARD
OFFICE OF MEDICAID POLICY AND PLANNING
INDIANA MEDICAID'S DUR ANNUAL REPORT TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES–FEDERAL FISCAL YEAR 2002

Section 1927(g)(3)(D) of the Social Security Act requires each State to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. This report is to include: a description of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of the DUR Board activities; and an assessment of the DUR program's impact on quality of care as well as any cost savings achieved by the program. This notice is to advise that copies of the State's DUR annual report for federal fiscal year 2002 are available upon request by writing to:

Office of Medicaid Policy and Planning
Room W382
Indiana Government Center-South
402 West Washington Street
Indianapolis, Indiana 46204
ATTN.: Ms. Karen Clifton

The report may also be accessed on the Web at http://www.indianamedicaid.com/ihcp/PharmacyServices/hcfa_dur_reports.asp. There will be no formal hearing for this purpose, and the Board has no agency rulemaking authority.