

Alternative Benefit Plan

State Name: Indiana	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: IN - 15 - 0025		OMB Expiration date: 10/31/2014
Payment Methodology		ABP11
Alternative Benefit Plans - Payment Methodologies		
The state/territory provides assurance that, for each benefit promanaged care, it will use the payment methodology in its appropriate, 4.19a, 4.19b or 4.19d, as appropriate, describing the payment n	oved state plan or hereby subm	1 0
An attachm	tent-is-submitted.	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Indiana

ABP 11

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