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State/Territory Name: IN

State Plan Amendment (SPA) #: 22-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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/ Division of Reimbursement Review

November 18, 2022

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

RE: TN: 22-0010

Dear Director Taylor,

We have reviewed the proposed Indiana State Plan Amendment, TN: 22-0010 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 31, 2022. This State Plan Amendment (SPA) makes changes to reimburse Emergency Medical Services (EMS) providers for advanced life support services, basic life support services, and nonemergency medical transportation services within the providers' scope of practice at a rate that is comparable to the federal Medicare reimbursement rate for the service.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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 Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Division of Reimbursement Review Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 0

2. STATE

I N

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR § 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 2,000,000
b. FFY 2024 \$ 9,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 5

9. SUBJECT OF AMENDMENT

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
ATTN: Madison May-Gruthusen, Federal Relations Lead

12. TYPED NAME

Allison Taylor

13. TITLE

Medicaid Director

14. DATE SUBMITTED

08/31/2022

FOR CMS USE ONLY

16. DATE RECEIVED

8/31/2022

17. DATE APPROVED

November 18, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd, McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement and Review

22. REMARKS

Transportation

Payment will be based upon the lower of the provider's submitted charge or the fee schedule rate established by the State for the service billed. Base rate is defined as the allowed payment amount for a one-way trip, not including mileage. Mileage payments are made for loaded miles, defined as the number of miles the Medicaid member is transported in the vehicle. Reimbursement for covered transportation services will be as follows:

Non-emergency Ground Transportation:

A non-emergency medical transportation (NEMT) broker is reimbursed a monthly capitated payment for each Indiana Medicaid FFS member.

Meals and Lodging: Meals and lodging reimbursement is based on the rate established by the Indiana State Legislature paid to Indiana state employees for travel-related expenses.

Emergency Transportation:

Medicaid pays for emergency medical transportation services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Indiana Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is calculated based upon a survey of billed charges statewide utilization data.

For dates of service on or after July 1, 2023, Medicaid pays for emergency medical transportation services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Indiana Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is equal to the Medicare urban rate for Indiana as of each January 1, if available. If the Medicare urban rate for Indiana is not available, the allowable amount is equal to the Indiana Medicaid Practitioner Fee Schedule in effect for that date of service.

TN No. 22-0010

Supersedes

TN No. 22-0012

Approval Date November 18, 2022

Effective Date July 1, 2023