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State/Territory Name: IN

State Plan Amendment (SPA) #: 23-0018-A

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

February 6, 2024

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

RE: Indiana State Plan Amendment IN-23-0018-A

Dear Director Steinmetz,

We have reviewed the proposed Indiana State Plan Amendment, TN: 23-0018-A which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 13, 2023. This State Plan Amendment (SPA) proposes revise the Medicaid reimbursement methodology for non-emergency medical transportation services and add clarifying language relating to emergency transportation. Emergency and non-emergency medical transportation services will be reimbursed at the Medicare urban ambulance rates for Indiana, if available, that take effect January 1 of the calendar year preceding the Medicaid rate effective date.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. 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 3 — 0 0 1 8-A

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

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19 Page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19 Page 5

9. SUBJECT OF AMENDMENT

This State Plan amendment makes changes to the State Plan to revise the Medicaid reimbursement methodology for non-emergency medical transportation services and add clarifying language relating to emergency transportation. Emergency and non-emergency medical transportation services will be reimbursed at the Medicare urban ambulance rates for Indiana.

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

12. TYPED NAME
Cora Steinmetz

13. TITLE
Medicaid Director

14. DATE SUBMITTED
November 9, 2023

15. RETURN TO

Cora Steinmetz
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

FOR CMS USE ONLY

16. DATE RECEIVED
November 13, 2023

17. DATE APPROVED
February 6, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement 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 FPS 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.

For dates of service on or after January 1, 2024, the office shall pay for the transportation services not covered by the emergency transportation section below 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, if available, that takes effect January 1 of the calendar year preceding the Medicaid rate effective date.
3. If the Medicare urban rate for Indiana is not available, the allowable amount is equal to the Indiana Medicaid Practitioner Fee Schedule rate in effect for that date of service, adjusted for inflation as determined by the office.

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.

For dates of service on or after January 1, 2024, 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, if available, that takes effect January 1 of the calendar year preceding the Medicaid rate effective date.
3. If the Medicare urban rate for Indiana is not available, the allowable amount is equal to the Indiana Medicaid Practitioner Fee Schedule rate in effect for that date of service, adjusted for inflation as determined by the office. For procedure code A0225, the allowable amount is equal to the Indiana Medicaid Practitioner Fee Schedule rate for procedure code A0427.