

OFFICE OF MEDICAID POLICY AND PLANNING

Ambulance Payment Adjustment

City Of Greenfield Fire Dept.

01/01/2022 - 12/31/2022

		A	B	C	D	E = BxD	F = E-C	G	H = FxG	I = F-H	
Provider ID	Provider Name	Fiscal Year End	# of Claims	Charges	Claim Payments	Ambulance Cost-to-Charge Ratio	Certified Medicaid Ambulance Cost	Certified Medicaid Ambulance Cost Less Payments	Federal Medical Assistance Percentage	Ambulance Payment Adjustment (Federal Share)	Ambulance Payment Adjustment (State Share)
100288660A	CITY OF GREENFIELD FIRE DEPT.	12/31/2022	109	\$182,072.50	\$15,732.16	0.983264	\$ 179,025.33	\$ 163,293.17	64.90%	\$ 105,977.27	\$ 57,315.90
TOTAL			109	\$ 182,072.50	\$ 15,732.16		\$ 179,025.33	\$ 163,293.17		\$ 105,977.27	\$ 57,315.90

Notes:

1. Claims utilized in this calculation are Medicaid fee-for-service CMS-1500 claims (Medicaid) for services incurred during the provider's fiscal year ending (FYE) 12/31/22 and paid through 12/31/2023. Medicare crossover, managed care, and CHIP/SCHIP claims are excluded.
2. The ambulance cost-to-charge ratio (CCR) used above is taken from provider's Freestanding Governmental Ambulance Provider Cost Report for fiscal year ending (FYE) 12/31/22, Worksheet B, Column 1, Line 3.
3. The Federal Medical Assistance Percentage (FMAP) for Indiana is 64.90%, effective 10/1/2024 through 9/30/2025 per 88 FR 81092.
4. The Ambulance Payment Adjustment is calculated as outlined in State Plan Attachment 4.19B, page 5.1.
5. "Claim Payments" includes Medicaid payments, spend-down, third party payments, and recipient co-pay.