



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs
www.in.gov/medicaid

MYERS AND STAUFFER LC
800 EAST 96TH ST., SUITE 200
INDIANAPOLIS, IN 46240

800.877.6927 | 317.846.9521
www.myersandstauffer.com

April 15, 2024

Greenfield Fire Department
Jason Horning
Fire Chief
17 W. South Street
Greenfield, IN 46140

RE: 2021 Governmental Ambulance Payment Adjustment
Via Email: jashorning@greenfieldin.org

Provider Name: Greenfield Fire Department
Provider Number: 100288660A

PRELIMINARY NOTICE OF PROGRAM REIMBURSEMENT
(NOT A FINAL ORDER)

This letter is the Office of Medicaid Policy and Planning's preliminary notification of your facility's Indiana Medicaid Governmental Ambulance Payment Adjustment for the fiscal year ended December 31, 2021. As described in the approved Indiana Medicaid State Plan, this payment is available to qualified in-state government ambulance transportation providers that certify their expenditures as eligible for federal financial participation.

This payment was calculated in accordance with the approved Indiana Medicaid State Plan and is based on your facility's submitted cost report for the fiscal year ended December 31, 2021 and Medicaid fee-for-service claims for services incurred during the fiscal year ended December 31, 2021.

PRELIMINARY NON-FINAL ORDER

Based upon our review of your facility's cost report and Medicaid fee-for-service claims for the above fiscal year, we have calculated the Indiana Medicaid Governmental Ambulance Payment Adjustment for the fiscal year ended December 31, 2021 of \$90,453.11 due your facility.

RECONSIDERATION

This payment calculation is not final. If you disagree with these preliminary findings, you have the right to request administrative reconsideration under 405 IAC 1-1.4-11. In order to assert your administrative reconsideration rights, you must file a reconsideration request within forty-five (45) days of the date of this letter. In addition to the request for administrative reconsideration, you may submit any documentation you believe supports your position to Myers and Stauffer LC. You should also state why information was not available earlier. If you provide additional information, it will be reviewed and the preliminary findings will be reconsidered and may be revised. We will complete our reconsideration within forty-five (45) days



of receipt of your submission. We will notify you of the result of our reconsideration and you will receive a final notice of program reimbursement that will include your right to file an appeal with the state. Please notify us in writing if you are in agreement with this settlement so that we can send you the final notice of program reimbursement. If we do not receive any response from you within forty-five (45) days of the date of this letter, we will finalize this determination and send you the final notice of program reimbursement.

We appreciate and value your participation in the Medicaid program and the care you render its recipients. Should you have any questions, please do not hesitate to contact Myers and Stauffer by telephone at 800-877-6927 or 317-846-9521.

Sincerely,

A handwritten signature in blue ink that reads "Kelsey Carter". The signature is written in a cursive, flowing style.

Kelsey Carter
Myers and Stauffer LC

cc: Linda Gaddis, OMPP

Enclosure