

## FSSA Rate Matrix, as of November 1, 2023

This is an evolving document that will be continuously informed through stakeholder feedback and experience.

Medicaid Services	Last Rate Review (SFY)	Reviewed/Rebased Rate Effective Year								Rating Approach
		SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026	SFY 2027	SFY 2028	SFY 2029	
Home Health Services	2024			RR				RR		Rate Review every four years
Aging/DDRS Waivers	2024			RR				RR		
Dental Services	2024			RR				RR		
NEMT	2024			RR				RR		
DMHA 1915(I) Waivers	2024			RR				RR		
ABA Therapy	2024			E				RR		
CRMNF	2024			RR				RR		Rate initially established in 405 IAC 1-12-21(d)
PACE Capitation	2024			RR			RR			CMS requires Rate Review every 3 years
Outpatient Facility	2003					RR		RB		Rate Review every four years, Rate Rebased every two years
Inpatient Facility	2003					RR		RB		
Other Mental Health Services	2015					RR				Rate Review every four years
Mental Health Rehabilitation	2018					RR				
Inpatient Psychiatric Services	2003					RR				
School Based Services	2016					RR				

### Rates Review set in State or Federal Regulation

PRTF Services	2022	Rate Methodology Set Forth in 405 IAC 1-21							Rates reviewed every other year
Pharmacy	2024	Rates Determined According to 405 IAC 5-24							
Nursing Facility	2024	Rate Methodology Set Forth in 405 IAC 1-14.6							
ICF/ID	2021	Rate Methodology Set Forth in 405 IAC 1-12							
FQHC/RHC	Various	Rate Methodology Consistent with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000							

### Rates Set Based on % of Current Medicare Rates

Hospice	2023	100% Medicare							Rates set at 100% of Medicare
DME and Medical Supplies	2024	100% Medicare							
Emergency Transportation	2024	100% Medicare							
Physician Services	2024	Per HB1001, 100% Medicare							Rates set at 100% of Medicare
Maternity and Behavioral Health	2024	100% Medicare							Rates set at 100% of Medicare

**RR** shows the year in which the rate updates from the rate review will be implemented with rate review work typically occurring in the year prior.

**E** represent year in which rates were / will be established

**RB** represents a rebasing year in which State funding needed for program is not impacted

**Yearly indexes will be considered on an annual basis when budget conditions allow.**

#### Definitions:

**Rate Review** means a process to set reimbursement rates for Medicaid and other non-Medicaid services based on FSSA's objectives of transparency, alignment, sustainability, person-centeredness and equity. A rate review is performed using a methodology that complies with regulatory requirements specific to the rate(s) being reviewed. Rate reviews result in recommendations for rate increases, rate decreases or a combination of both. Rate reviews are aligned with the biennial budget, so that decisions about whether and to what extent rate recommendations can be funded are made as part of the overall biennial budget process.

**Rebasing** means a process to realign rates in a way that is budget neutral. Provider rates are updated based on a rate review process with the result being some rates increases and some rate decreases. The overall result is a more equitable distribution of reimbursement rates that is delivered on a budget neutral basis.