Medicaid Fee-for-Service Nonemergency Medical Transportation Claim History June 1, 2016 through May 31, 2019

IC 12-15-30.5-6

Vickie Trout, MPA

Special Projects Director, Indiana Medicaid.

Overview

- NEMT as a Medicaid covered service
- Only to Medicaid covered services provided by Medicaid enrolled providers
- Limited to members who exhaust all other transportation options

- **Overview - cont**

- **Provide consistent, safe, efficient, appropriate mode of transportation**

- **Manage member utilization**

Report Content

- Medicaid FFS members
- NEMT procedure codes
- Claims paid date
- 6/2016 through 5/2018 DXC adjudicated
- 6/2018 through 5/2019 DXC + SET adjudicated

Report Content – cont

- Does not include gas reimbursement or public transportation

- Vehicle types

Ambulance	Ambulatory	Wheelchair Van

Report Content – cont

- **Categorical eligibility**

Recipient Aid Category
Aged
Blind
Breast and Cervical Cancer Treatment Program
Children age 1 through 18; (MCHIP)
Children ages 0 up to 1
Children ages 1 through 5
Children ages 6-19
Children Receiving Adoption Assistance (under 19)
Disabled
Former Foster Children (ages 18<26)
Foster Care Independence; ages 18-20
HIP Emergency Services
Newborn - infants born to Medicaid members
Parent/Caretaker of Relative

Report Content – cont

- **Residence type**

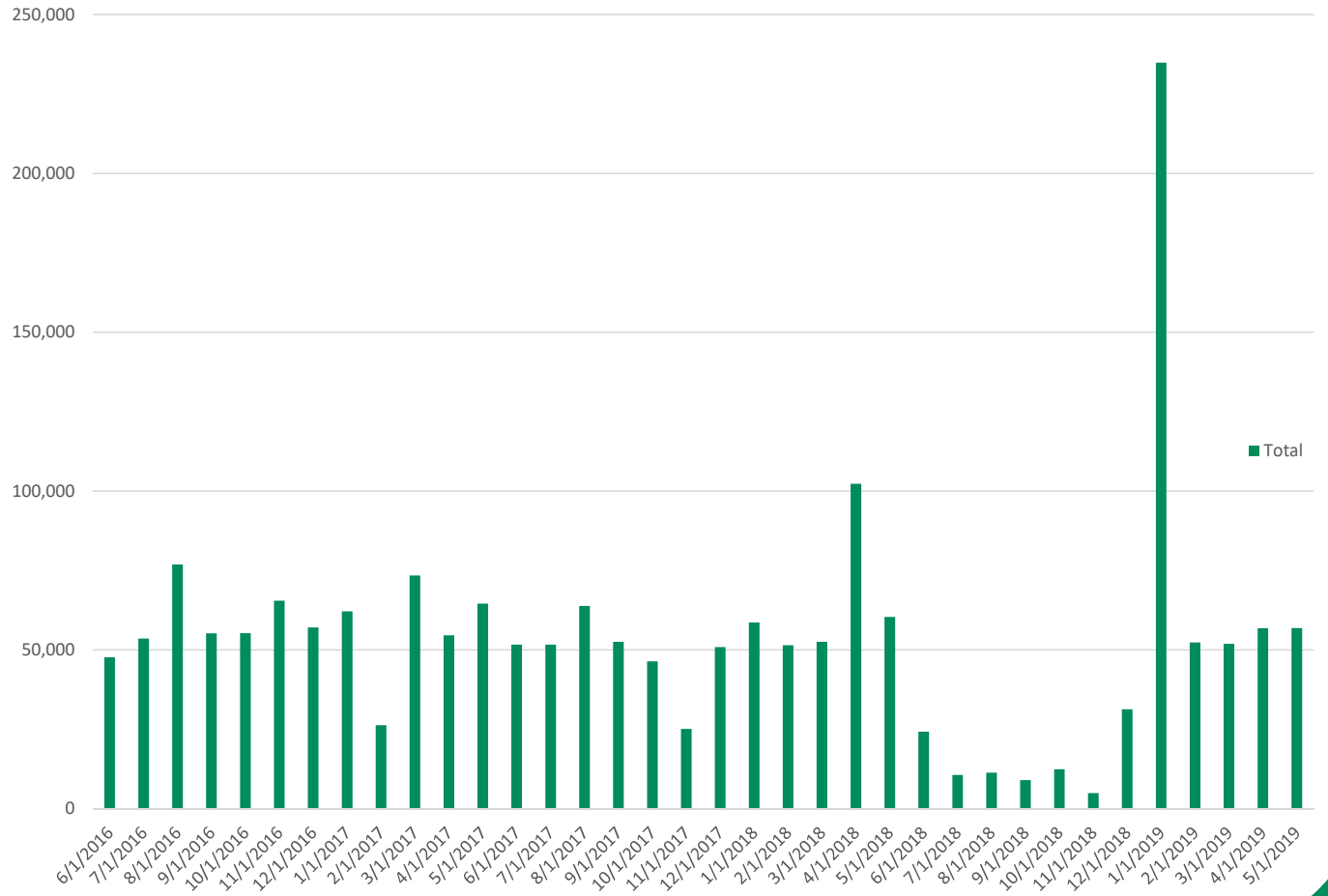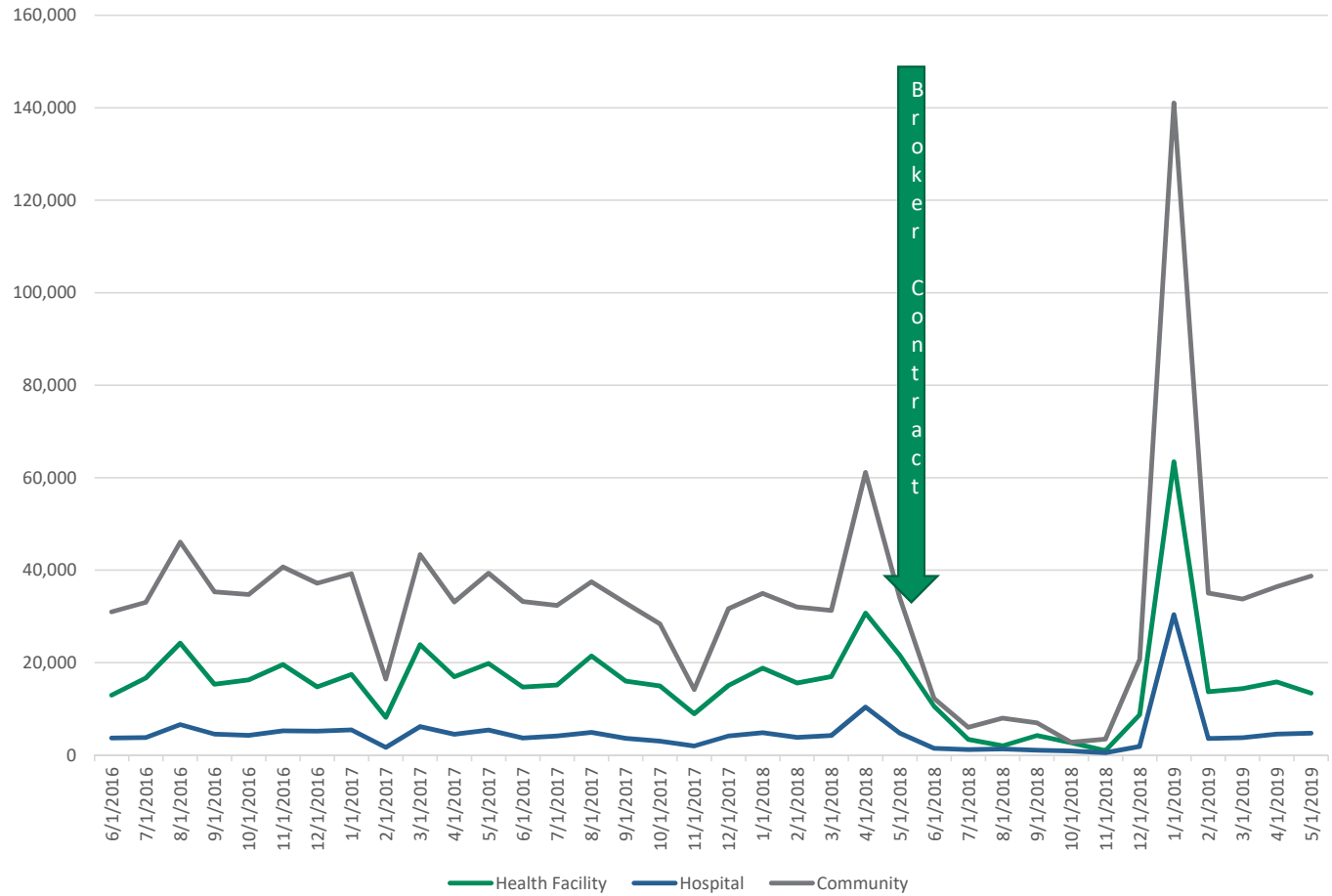| ICF / IID	Health Facility	Hospital	Community

- **Claims lag**
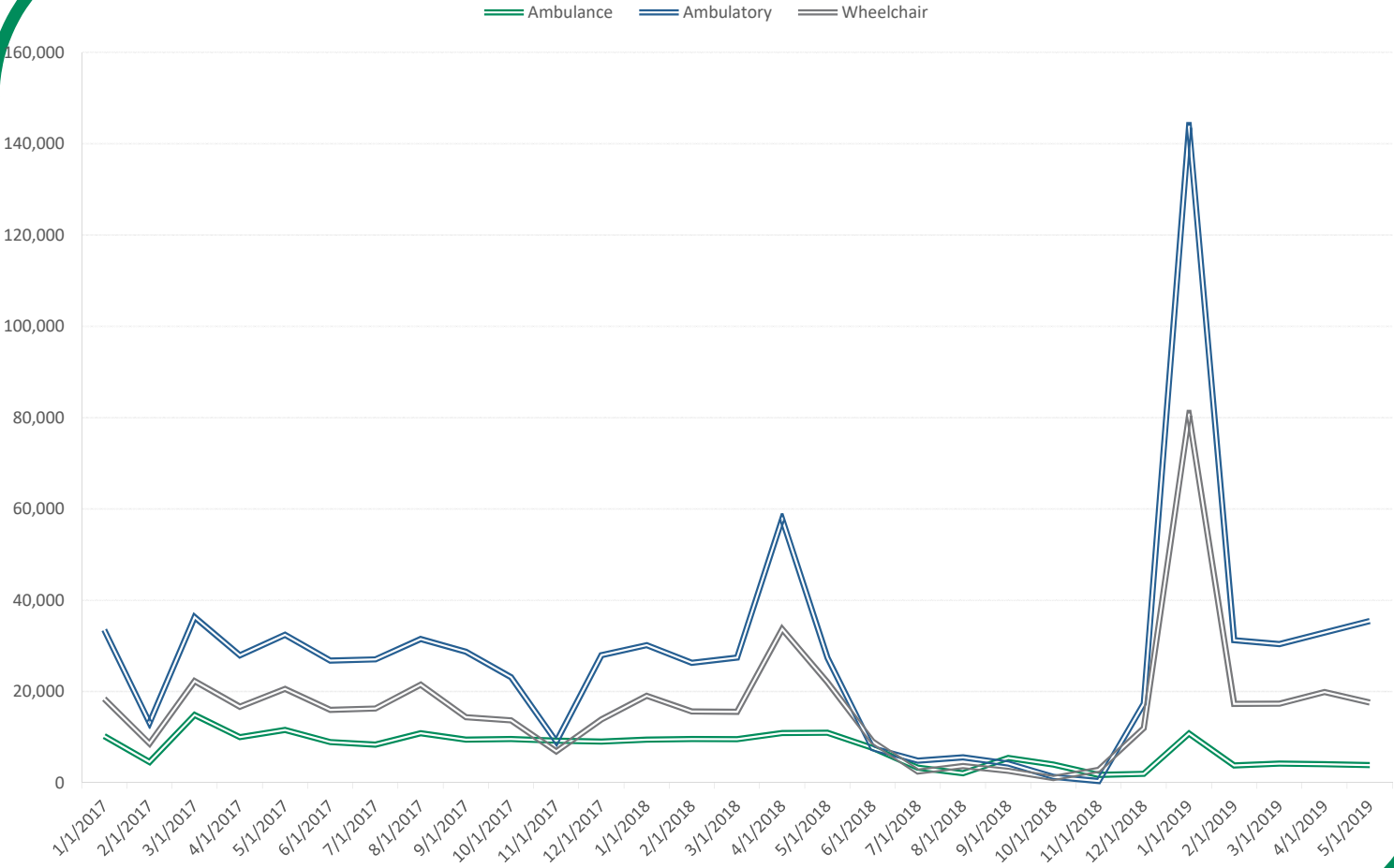
Trends

Total Claims by Month
June 2016 thru Dec 2018

Total Claims Submitted by Month by Residential Type
June 2016 thru Dec 2019

TOTAL CLAIMS BY MOBILITY TYPE

Legend: Ambulance, Ambulatory, Wheelchair

Discussion