



July 1, 2023 Nursing Facility NEMT Carve-out Readiness Checklist

As IHCA has previously communicated, effective July 1, 2023, the Indiana Medicaid agency is changing its nonemergency medical transportation (NEMT) policy. For fee-for-service (FFS) Medicaid nursing facility residents, all NEMT services will be carved out from the Southeastern/Verida brokerage. Beginning July 1, 2023, nursing facilities must do the following:

- For nonemergency BLS or ALS ambulance transports:
**BLS and ALS definitions provided below*
 1. Nursing facilities will schedule trips directly with ambulance transportation providers.
 2. Nursing facilities **will not pay** ambulance providers or file claims. The ambulance providers will then bill the state.

- For all other NEMT transports (for example, ambulatory and wheelchair vans):
 1. Nursing facilities will schedule trips directly with transportation providers.
 2. Nursing facilities **will pay** these transportation providers directly. Nursing facilities will receive an NEMT add-on to their per diem rate beginning July 1, 2023. This amount will be reflected in the July 1, 2023 rate letters.

In order to prepare for the NEMT Carve-out on July 1, 2023, nursing facilities should use the following readiness checklist:

1. Review transportation needs of current residents.
2. Contact local transportation providers to assess transport availability and to discuss potential contracting.
3. Review standing orders scheduled past June 30, 2023 to ensure transportation is secured for these trips.

4. Provide education for all facility staff responsible for transportation, ensuring they understand there is a different payment process for nonemergency BLS and ALS transports and all other NEMT transports (see first paragraph above).
5. Update your residents and resident representatives related to this change via mailers, resident council meetings, family council meetings, care plan meetings, resident handbooks, etc.
6. Maintain accurate records of transportation costs for reporting purposes.

You can find more information in the Bulletin [202353](#). *Please note the carve-out does not apply to AL waiver providers. Also note, this policy change only applies to Medicaid. It does not apply to Medicare.*

ALS and BLS definitions:

ALS- The IHCP provides reimbursement for medically necessary emergency and nonemergency ALS ambulance services when the level of service rendered meets the EMSC definition of ALS in IC 16-18-2-7, the Indiana EMSC, and in Indiana Administrative Code IAC 836 1-1-1, which defines ALS as care that is:

1. Given in one of the following settings:
 - a. At the scene of an accident, act of terrorism or illness
 - b. During transport
 - c. At a hospital
2. Provided by a paramedic or an advanced emergency medical technician (AEMT)
3. More advanced than the care usually provided by a basic emergency technician (EMT), including the following acts of care:
 - a. Defibrillation
 - b. Endotracheal intubation
 - c. Parenteral injection of appropriate medications
 - d. Electrocardiogram (ECG) interpretation
 - e. Emergency management of trauma and illness

BLS- The IHCP provides reimbursement for medically necessary emergency and nonemergency BLS ambulance services when the level of service rendered meets the EMSC definition of BLS in IC 16-18-2-33.5, which defines BLS as follows:

1. Assessment of emergency patients
2. Administration of oxygen
3. Use of mechanical breathing devices
4. Application of antishock trousers
5. Performance of cardiopulmonary resuscitation (CPR)
6. Application of dressings and bandage materials
7. Application of splinting and immobilization devices
8. Use of lifting and moving devices to ensure safe transport

9. Administration of epinephrine through an auto-injector
10. Blood glucose monitoring that is not more invasive than a capillary sampling using a lancet
11. Other procedures authorized by the Indiana EMSC, including procedures contained in the revised national EMT-basic training curriculum guide
12. BLS services do not include invasive medical care techniques or advanced life support.

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