



Mike Braun, Governor
State of Indiana

**Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning**

402 W. WASHINGTON ST., W382, MS07
INDIANAPOLIS, IN 46207-2739

March 31, 2026

Greenfield Fire Department, City of
Jason Horning
Fire Chief
17 West South Street
Greenfield, IN 46140

RE: 2024 Governmental Ambulance Payment Adjustment
Via Email: jashorning@greenfieldin.org

Provider Name: Greenfield Fire Department, City of
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, 2024. 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, 2024 and Medicaid fee-for-service claims for services incurred during the fiscal year ended December 31, 2024.

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, 2024 of \$85,576.86 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



Greenfield Fire Department, City of
March xx, 2026

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".

Kelsey Carter
Myers and Stauffer LC

cc: Linda Gaddis, OMPP

Enclosure

OFFICE OF MEDICAID POLICY AND PLANNING

Ambulance Payment Adjustment

City Of Greenfield Fire Dept.

01/01/2024 - 12/31/2024

Provider ID	Provider Name	Fiscal Year End	A # of Claims	B Charges	C Claim Payments	D Ambulance Cost-to-Charge Ratio	E=BxD Certified Medicaid Ambulance Cost	F=E-C Certified Medicaid Ambulance Cost Less Payments	G Federal Medical Assistance Percentage	H=FXG Ambulance Payment Adjustment (Federal Share)	I=F-H Ambulance Payment Adjustment (State Share)
100288660A	CITY OF GREENFIELD FIRE DEPT.	12/31/2024	89	\$ 154,130.00	\$ 44,325.00	1.145205	\$ 176,510.45	\$ 132,185.45	64.74%	\$ 85,576.86	\$ 46,608.59
TOTAL			89	\$ 154,130.00	\$ 44,325.00		\$ 176,510.45	\$ 132,185.45		\$ 85,576.86	\$ 46,608.59

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) 12/31/24 and paid through 12/31/2025. 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) 12/31/24, Worksheet B, Column 1, Line 3.
3. The Federal Medical Assistance Percentage (FMAP) for Indiana is 64.74%, effective 10/1/2025 through 9/30/2026 per 89 FR 94744.
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.



GREENFIELD FIRE TERRITORY

17 W. South ST. Greenfield IN

(317) 477-4430

April 1, 2026

Myers & Stauffer, LC
Attn: Ambulance Cost Reports
800 East 96th St., Suite 200
Indianapolis, IN 46240

Re: 100288660A

Dear Sir or Madam:

The Greenfield Fire Department (“GFD”) has received the Indiana Medicaid Government Ambulance Payment Adjustment Preliminary Notice of Program Reimbursement for the fiscal year ended December 31, 2024. By virtue of this letter, the GFD accepts the proposed settlement, waives the rights to appeal and would like to proceed with finalizing this determination and the issuance of the final Notice of Program Reimbursement. Please contact me at 317-477-4430 if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason D. Horning', is written over a light gray background.

Jason D. Horning – Fire Chief

C: Lisa Rooney