

Application for Indiana Medicaid EMS Provider COVID-19 Relief Funds

Note: Only In-State EMS providers are eligible for relief funds

Company Name (include any DBAs used): _____

Provider Address: _____

City: _____ **State:** _____ **Zip:** _____

Medicaid Provider ID: _____

Provider Contact Name: _____

E-mail _____ **Phone:** _____

COVID-19 related expenses incurred March 1, 2020 through February 28, 2021 on behalf of Indiana Medicaid members (enrolled in either Traditional Medicaid or with a Managed Care Entity)

Cleaning / Sanitation	\$ _____
Personal protective equipment (PPE)	\$ _____
COVID-19 related training	\$ _____
COVID-19 testing	\$ _____
Overtime/Hero Pay	\$ _____
Technology enhancements	\$ _____
Other: (describe below)	\$ _____
Total:	\$ _____

Description: _____

Please provide the amount of any Federal relief aid received. This will not affect the amount of State aid and is being asked for informational purposes only. \$ _____

By entering my name below, I affirm under the penalties of perjury, that the costs reported are accurate to the best of my knowledge and understand that all statements made on this application are subject to audit by FSSA and that inaccurate information may be subject to payment recoupment and other legal action. I understand that the EMS provider is responsible for compliance with requirements of the CARES Act, including maintaining appropriate records and cost information as required by law, and that the reported expenses have not been reimbursed through any other provider relief program.

Signature of Officer: _____ **Date:** _____

Please return the completed form to stephen.bordenkecher2@fssa.in.gov by July 31, 2021.

INSTRUCTIONS

Application for Indiana EMS Provider COVID-19 Relief Funds

The Indiana Health Coverage Programs (IHCP) and Indiana State Budget Agency recently approved relief funds utilizing federal funds available under the CARES Act for EMS providers serving Indiana Medicaid members. These funds will only be used to reimburse COVID-19 related expenses incurred between March 1, 2020 and February 28, 2021. While we appreciate the efforts each provider has made in addressing the needs of Hoosiers during these challenging times, please understand that this initiative may not cover all your reported expenses.

Funding through this program is only available to in-state EMS providers. Out-of-state providers that the IHCP considers in-state for the purposes of prior authorization (PA) are not eligible to apply for these relief funds.

In order to get the relief to eligible EMS providers as quickly and efficiently as possible, OMPP is relying on each applicant organization to be aware of their responsibilities in the use of CARES Act funding, and to provide the requested information according to these line-by-line instructions:

Company Name (include any 'Doing Business As' names used) - It is important to include any DBAs to facilitate matching with your Medicaid provider file and the federal relief databases.

Provider Address – Please use the address of the primary office used to communicate with Indiana Medicaid.

Medicaid Provider ID -This will be a 9-digit number along with an alphabetic location modifier. Do not enter the National Provider Identification (NPI) number. Relief funds will be released by individual location.

Agency Contact Name - Contact information should be provided for the agency officer signing the application.

COVID-19 related expenses incurred during the months of March 2020 through February 2021 - Eligible expenses include only those expenses incurred during these months and each expense must be directly related to Medicaid members, enrolled in both Traditional Medicaid as well as those enrolled with a Managed Care Entity, and to the COVID-19 pandemic. COVID-19 related expenses incurred on behalf of non-Medicaid members, private insurance, or private pay patients are not eligible for reimbursement under this plan.

Please provide the amount of any Federal relief aid received - This will not affect the amount of State aid and is being asked for informational purposes only.

Signature of Officer – This may be a manual or electronic signature

Return the signed document – The due date for applications is July 31, 2021.

Send the completed application to stephen.bordenkecher2@fssa.in.gov with “EMS COVID Relief Application” in the Subject line.