

KENTUCKY MEDICAID PROGRAM
PUBLIC NOTICE

June 27, 2022

The Cabinet for Health and Family Services, Department for Medicaid Services (the Department) in accordance with 42 CFR 447.205, hereby provides public notice of changes to the Ambulance Services reimbursement language in its State Plan effective January 1, 2023.

The State Plan language will be changed to align with KRS 205.5601 to 205.5603 to reflect the methodology for increasing Medicaid reimbursement for ground ambulance services as described below:

- (1) The Department shall develop the following program to increase Medicaid reimbursement for ground ambulance services provided by a qualifying ground ambulance provider to Medicaid recipients:
 - (a) A program to increase transportation reimbursement to qualifying ground ambulance providers within the Medicaid fee-for-service program using available provider tax funding not to exceed six (6) percent of provider reported emergent revenues and federal matching dollars.
- (2) On an annual basis prior to the start of each program year, the Department shall determine the following items for emergent transports:
 - (a) A per transport uniform add-on amount to be applied to Medicaid fee-for-service emergent transports for qualifying providers for that program year, determined by dividing the available provider tax funding by historical utilization.
 - (b) A lump sum monthly interim supplemental payment amount for each eligible provider utilizing the add-on mentioned above.
- (3) On a periodic basis, at least once per quarter, the Department shall make interim payments to providers based upon monthly amounts mentioned above.
- (4) On an annual basis following the program year, the Department shall make final reconciled payments to providers. Final transport volumes will be based on Medicaid Management Information System data.

Fiscal Impact:

The Department for Medicaid Services estimates that the total fiscal impact will be \$4,403,778.

Public Comments

Copies of this notice are available at each county's Department for Community Based Services (DCBS) office and at <https://chfs.ky.gov/agencies/dms/Pages/default.aspx> and <https://chfs.ky.gov/agencies/dms/Pages/publicnotices.aspx>. For the address of the _____ local _____ office, _____ please _____ see https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx.

A copy of this notice is available for public review at the Department for Medicaid

Services at the address listed below. Comments or inquiries may be submitted in writing within thirty (30) days to:

Commissioner's Office
Department for Medicaid Services, 6W-A
275 E. Main Street
Frankfort, Kentucky 40621