

VII: Transportation Services

A. Ambulance Services

- (1) The department shall reimburse an ambulance service at the lesser of the provider's usual and customary charge or an upper limit established by the department for the service. Payment for an ambulance service shall be contingent upon a statement of medical necessity.
- (2) The upper limit for air ambulance transportation shall be set at \$3,500 per one (1) way trip.
- (3) The upper limit for an ambulance service (other than air ambulance transportation) shall be calculated by adding a base rate, mileage allowance, and flat rate fee as follows:
 - (a) The base rate for Advanced Life Support (ALS) emergency ambulance transportation to the emergency room of a hospital shall be set at \$110 per one (1) way trip; the mileage allowance for trips shall be four (4) dollars per mile for mileage from mile one (1); a flat rate of twenty-five (25) dollars shall be set for each additional recipient with no additional allowance for mileage.
 - (b) The base rate for Basic Life Support (BLS) emergency ambulance transportation to the emergency room of a hospital shall be set at eighty-two dollars and fifty cents (82.50) per one (1) way trip; the mileage allowance for trips shall be three (3) dollars per mile for mileage from mile one (1); a flat rate of twenty (20) dollars shall be set for each additional recipient with no additional allowance for mileage.
 - (c) The base rate for any ALS or BLS providing emergency ambulance transportation to an appropriate medical facility or provider other than the emergency room of a hospital shall be set at sixty (60) dollars per one (1) way trip; the mileage allowance for trips shall be two (2) dollars and fifty (50) cents per mile for mileage from mile one (1); a flat rate of fifteen (15) dollars shall be set for each additional recipient with no additional rate for mileage.
 - (d) The base rate for BLS emergency ambulance transportation to the emergency room of a hospital during which the services of an ALS Medical First Response provider is required to stabilize the patient shall be \$110; the mileage allowance shall be four (4) dollars per mile from mile one (1); a flat rate of twenty-five (25) dollars shall be set for each additional recipient with no additional rate for mileage.

- (e) The base rate for BLS emergency ambulance transportation to a medical facility or provider other than the emergency room of a hospital during which the services of an ALS Medical First Response provider are required shall be sixty (60) dollars; the mileage allowance shall be two (2) dollars and fifty (50) cents per mile from mile one (1); a flat rate of fifteen (15) dollars shall be set for each additional recipient with no additional rate for mileage.
- (f) The base rate for non-emergency ambulance transportation during which the recipient requires no medical care during transport shall be fifty-five (55) dollars and the mileage allowance shall be two (2) dollars per mile from mile one (1).
- (g) The cost of other itemized supplies for ALS or BLS emergency transportation services shall be the actual cost as reflected on the transportation provider's invoice which shall be maintained in the provider's files and shall be produced upon request by the department. Each quarter, the department shall review a random sample of invoices to verify reported costs.
- (4) In addition to the rates described in paragraph (3) above, administration of oxygen during an ambulance transportation service (other than air ambulance transportation) shall be reimbursed at a flat rate of ten (10) dollars per one (1) way trip when medically necessary.
- (5) Reimbursement for an ambulance service shall not be made if a recipient receives transportation free as the result of a local subscription fee or tax.
- (6) Effective January 1, 2025, the Department shall make interim and final supplemental payments to Kentucky emergency ground ambulance providers licensed as Class I through III, as described below, in addition to payments made under Sections (1) through (5) above.
 - (a) The Department shall pay a uniform add-on amount for emergent transports. For the calendar program year beginning January 1, 2025, total dollars available for the aggregate provider group will be \$4,050,794. The interim uniform emergent amount will be a fixed rate of \$453.16 based on the total dollars available divided by statewide emergent Medicaid ambulance transports paid in the most recent complete SFY of data available for Class I through III providers. The final uniform emergent amount will be the total dollars available, divided by actual calendar year 2024 statewide emergent transports for Class I through III providers, to adjust the final rate using actual utilization for the payment period.
 - (b) On an annual basis, the Department shall determine a lump sum monthly interim supplemental payment for each eligible provider utilizing the add-on referenced in Item (a) above and the most recent complete SFY of utilization volume available. For conservativeness and to limit potential reconciliation paybacks, the utilization volume will be decreased to 95% for purposes of the interim payment determination.
 - (c) On a periodic basis, at least once per quarter, the Department shall make interim payments to providers based upon the monthly amounts determined in Item (b).
 - (d) On an annual basis following the program year, the Department shall make final reconciled payments to providers using the following process:
 - 1. Total funds available, as identified above, will be divided by actual program year transports to determine the final per transport amount.
 - 2. The final per transport amount will be multiplied by each provider's actual program year transports to determine the total funds available per provider.
 - 3. Interim payments will be subtracted from the available funds for each provider to determine a final supplemental payment owed. If the balance is positive, the additional amount will be paid to the provider. If the balance is negative, the overpaid balance will be recouped from the provider.
 - (e) Final transport volumes will be based on Medicaid Management Information System data.

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- (3) Even though the maximum allowable fee rate when computed on the basis of twenty- two (22) cents per mile plus four (4) dollars for waiting time would not equal the six (6) dollars or ten (10) dollars allowable amounts, the higher amount is paid to encourage private automobile carriers to provide necessary medical transportation. Additionally, nothing in this section requires the department to pay the amounts specified if the private automobile carrier expresses a preference for reimbursement in a lesser amount, then the lesser amount shall be paid. Toll charges shall be reimbursable when presented with a receipt.
 - (4) Waiting time shall be a reimbursable component of the private automobile carrier transportation fee only if waiting time occurs. If waiting time occurs due to admittance of the recipient into the medical institution, the private automobile carrier may be reimbursed for the return trip to the point of recipient pick-up as though the recipient were in the vehicle; that is, the total reimbursable amount shall be computed on the basis of the maximum allowable fee or mileage rate plus waiting time. Waiting time shall not be paid for the attendant or caretaker relative (e.g., mother, father) who is accompanying the recipient and not personally being transported for Medicaid covered service.
 - (5) If a private automobile carrier is transporting more than one (1) recipient, only one (1) mileage payment shall be allowed. Mileage shall be computed on the basis of the distance between the most remote recipient and the most remote medical service utilized; and will include any necessary additional mileage to pickup and discharge the additional recipients.

D. Non-Commercial Group Carriers.

- (1) The department shall reimburse participating non-commercial group carriers based on actual reasonable, allowable cost to the provider based on cost data submitted to the department by the provider.
- (2) The minimum rate shall be twenty (20) cents per recipient per mile transported and the rate upper limit shall be fifty (50) cents per recipient per mile transported.
- (3) Payment for a parent or other attendant shall be at the usual recipient rate.

E. Specialty Carriers.

- (1) Participating specialty carriers shall be reimbursed at the lesser of the following rates:

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- (a) The actual charge for the service; or
 - (b) The usual and customary charge for that service by the carrier, as shown in the schedule of usual and customary charges submitted by the carrier to the department or
 - (c) The program maximum established for the service.
- (2) Program maximums shall be:
- (a) For nonambulatory recipients who require the use of a wheelchair, the upper limit shall be twenty-five (25) dollars for the first recipient plus four (4) dollars for each additional nonambulatory recipient transported on the same trip, for each time a recipient is transported to or transported from the medical service site. To this base rate shall be added one (1) dollar and fifty (50) cents per loaded mile for the first recipient for miles the recipient is transported, and toll charges actually incurred and certified; mileage charges shall not be allowed for additional recipients.
 - (b) For ambulatory recipients who are disoriented, the upper limit shall be twelve (12) dollars and fifty (50) cents for the first recipient plus four (4) dollars for each additional disoriented recipient transported on the same trip for each time a recipient is transported to or transported from the medical service site. To this base rate shall be added one (1) dollar and fifty (50) cents per loaded mile for the first recipient for miles the recipient is transported, and toll charges actually incurred and verified; mileage charges shall not be allowed for additional recipients.
 - (c) For both paragraphs (a) and (b) of this section, empty vehicle miles shall not be included when computing allowable reimbursement for mileage.
- (3) Reimbursement shall be made at specialty carrier rates for the following types of recipients only:
- (a) Nonambulatory recipients who need to be transported by wheelchair, but shall not include recipients who need to be transported as stretcher patients; and
 - (b) Ambulatory recipients who are disoriented.

- (4) The specialty carrier shall obtain a statement from the recipient's physician (or, if the recipient is in a nursing facility, from the director of nursing, charge nurse, or medical director in lieu of physician) to verify that transportation by the specialty carrier is medically necessary due to the recipient's nonambulatory or disoriented condition. Claims for payment which are submitted without the required statement of verification shall not be paid.

F. Specially authorized transportation services authorized in unforeseen circumstances may be paid for at a rate adequate to secure the necessary service; the amount allowed shall not exceed the usual and customary charge of the provider. The Department for Medicaid Services shall review and approve or disapprove requests for specially authorized transportation services based on medical necessity.

G. Use of flat rates.

Transportation payment shall not exceed the lesser of six (6) dollars per trip, one (1) way (or twelve (12) dollars for a round trip), or the usual fee for the participating transportation provider computed in the usual manner if:

- (1) The recipient chooses to use a medical provider outside the medical service area; and
- (2) The medical service is available in the recipient's medical service area; and
- (3) The recipient has not been appropriately referred by the medical provider within his medical service area.

H. Meals and Lodging.

The flat rate for meals and lodgings for recipients and attendants when preauthorized (or post-authorized if appropriate) by the department shall be as follows:

- (1) Standard Area:
 - (a) Meals: breakfast-\$4 per day; lunch-\$5 per day; dinner-\$11 per day; and
 - (b) Lodgings: \$40 per day
- (2) High Rate Area:
 - (a) Meals: breakfast-\$5 per day; lunch-\$6 per day; dinner-\$15 per day; and
 - (b) Lodgings: \$55 per day.

I. Limitations.

- (1) Any reimbursement for medical transportation shall be contingent upon the recipient receiving the appropriate preauthorization or postauthorization for medical transportation as required by the Department for Medicaid Services.
- (2)
 - (a) Authorization shall not be granted for recipients transported for purposes other than to take the recipient to or from covered Medicaid services being provided to that recipient, except in the instance of one (1) parent accompanying a child to or from covered medical services being provided to the child or if one (1) attendant is authorized for a recipient traveling to or from covered medical services based on medical condition of the recipient.
 - (b) Reimbursement shall be limited to transportation services and shall not include the services, salary or time of the attendant or parent.
- (3) An individual who owns a taxi company and who uses the taxi as his personal vehicle shall be reimbursed at the private auto rate when transporting household family members.
- (4) Mileage for reimbursement purposes shall be computed by the most direct accessible route from point of pickup to point of delivery.