

## **Table of Contents**

**State/Territory Name: KENTUCKY**

**State Plan Amendment (SPA) #: KY-23-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

October 20, 2023

Lisa Lee  
Commissioner  
275 E. Main St.  
Frankfort, KY 40601

RE: KY-23-0025

Dear Commissioner Lee,

We have reviewed the proposed Kentucky State Plan Amendment (SPA) to Attachment 4.19-B which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2023. This plan amendment updates the provisions of the emergency transportation payment for program 2024.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 5

2. STATE

KY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 430.12(B)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 3,088,073  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 20.12

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B Page 20.12

9. SUBJECT OF AMENDMENT

Updating the program year to 2024; updating the Total Program Dollars to \$3,824,713; and updating the Emergent Transport Add-On amount to \$457.67.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Lisa Lee  
275 E. Main St.  
Frankfort, KY 40601

12. TYPED NAME

Lisa Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

9/25/2023

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 25, 2023

17. DATE APPROVED

October 20, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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- (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, 2024, 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, 2024, total dollars available for the aggregate provider group will be \$3,824,713. The interim uniform emergent amount will be a fixed rate of \$457.67 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.