KEMSA, in collaboration with Medicaid reimbursement experts from Public Consulting Group (PCG), is conducting a feasibility study for this EMS revenue maximization initiative for Kansas’ ambulance services. This initiative would generate additional Medicaid revenues for the EMS community at no additional cost to Kansas’ taxpayers. This will be a multi-step process as the project moves forward. Steps include:

- Compiling data from service providers. All 172 Kansas EMS providers have been asked to respond to a data request with financial, transport, and billing data for two state fiscal years. One key in assessing the needs of the entire provider community is obtaining data from a variety of services including public, private, and volunteer services of a variety of sizes and locales. This data will only be utilized by KEMSA and PCG to determine which of the CMS-approved programs best meets providers’ needs.
- Evaluating the outcomes of CMS-approved program options. Centers for Medicare & Medicaid Services (CMS) allows state Medicaid agencies to establish one or a combination of the following program types for enhancing Medicaid payments.
  - Certified Public Expenditures - For Medicaid services paid on a Medicaid Fee-for-service (FFS) basis, eligible participating providers may receive a cost settlement payment through a CPE initiative, otherwise known as a supplemental payment program.
  - Intergovernmental Transfers - For Medicaid services paid through a managed care service delivery system, increased payments are made through managed care entities equivalent to cost-based reimbursement by funding the state share through intergovernmental transfers (IGT).
  - Provider Assessment - Raising state share through an assessment on providers. Assessment revenues are utilized to draw down additional federal matching funds. Funds cycle back to providers in the form of rate increases.
- Through modeling, PCG will analyze Kansas provider data in order to determine which option is the best fit for the state’s EMS providers. It is still unknown whether there will be an option for non-transporting providers to gain additional reimbursement. The team will continue to watch this and will make every attempt to include that aspect if it becomes a viable option. It is important to understand this program is to increase reimbursements. If you are not a Medicaid provider and do not currently bill, whether transporting or non-transporting, you would not be eligible under current Medicaid law.
- Presenting fiscal impact analyses to stakeholders. Once the determined approach/model has been vetted internally within KEMSA and state leadership and approved for public discussion, PCG will assist in communicating the constructs of the determined approach to receive provider feedback and input.
- Finalizing program approach and obtaining approval. Once stakeholders, KDHE, and the provider community have settled on a program approach, it will be necessary to get approval for the program. PCG will leverage national experience to develop necessary documentation including legislative/administrative code language on behalf of KDHE and State Plan Amendment (SPA) materials to facilitate CMS’ approval process.
- Implementing the program and ongoing administration. After the program has been reviewed and approved by CMS, PCG will work closely with the provider community to implement the program. The discrete steps depend on the program selected, but next steps would likely include conducting provider outreach, developing reporting tools, and performing ongoing reviews to refine the program approach.

The KEMSA board continues to work with consultants from PCG to move this project forward. Although there were some initial issues getting the survey tool distributed, those issues have been resolved and the project is on track. While it is too early to tell how much additional reimbursement any one service may receive, the team will look at every possibility available to get the most for our provider community. For this project to be successful we need more than legislation. KEMSA has partnered with PCG with guidance from KDHE to assist in implementing the program and administering the program after implementation. The KEMSA board feels this is good for Kansas EMS and are here to answer your questions. Please don’t hesitate to reach out to me at brandon@kemsa.org or any of the board members as this project evolves.