SENATE BILL No. 186

By Committee on Ways and Means

2-10

AN ACT relating to reimbursement to eligible providers for medicaid ground emergency medical transportation services.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) An eligible provider, as described in subsection (b), in addition to the rate of payment that the provider would otherwise receive for medicaid ground emergency medical transportation services, shall receive supplemental medicaid reimbursement to the extent provided by law.

(b) A provider shall be eligible for supplemental reimbursement only if the provider meets the following conditions during the reporting period:

(1) Provides ground emergency medical transportation services to medicaid beneficiaries;

(2) is a provider that is enrolled as a medicaid provider for the period being claimed; and

(3) is owned or operated by the state, a political subdivision or local government, that employs or contracts with persons or providers who are licensed or permitted to provide emergency medical services in the state of Kansas, and includes including hospitals and private entities to the extent permissible under federal law.

(c) An eligible provider's supplemental reimbursement pursuant to this section shall be calculated and paid as follows:

(1) The supplemental reimbursement to an eligible provider, as described in subsection (b), shall be equal to the amount of federal financial participation received as a result of the claims submitted pursuant to subsection (f)(2); and

(2) in no instance may the amount certified pursuant to subsection (e) (1), when combined with the amount received from all other sources of reimbursement from the medicaid program, exceed or be less than 100% of actual costs, as determined pursuant to the medicaid state plan, for ground emergency medical transportation services; and

(3) the supplemental medicaid reimbursement provided by this section must be distributed exclusively to eligible providers under a payment methodology based on ground emergency medical transportation services provided to medicaid beneficiaries by eligible providers on a per-
transport basis or other federally permissible basis. The department of
health and environment shall obtain approval from the federal centers for
medicare and medicaid services for the payment methodology to be
utilized, and shall not make any payment pursuant to this section prior to
obtaining that approval.

(d) (1) It is the legislature's intent in enacting this section to provide
the supplemental reimbursement described in this section without any
expenditure from the state general fund. An eligible provider, as a
condition of receiving supplemental reimbursement pursuant to this
section, shall enter into, and maintain, an agreement with the department
for the purposes of implementing this section and reimbursing the
department for the costs of administering this section.

(2) The nonfederal share of the supplemental reimbursement
submitted to the federal centers for medicare and medicaid services for
purposes of claiming federal financial participation shall be paid only with
funds from the governmental entities described in subsection (b)(3) and
certified to the state as provided in subsection (e).

(e) Participation in the program by an eligible provider described in
this section is voluntary. If an applicable governmental entity elects to seek
supplemental reimbursement pursuant to this section on behalf of an
eligible provider, the governmental entity shall do the following:

(1) Certify, in conformity with the requirements of 42 C.F.R. §
433.51, that the claimed expenditures for the ground emergency medical
transportation services are eligible for federal financial participation;

(2) provide evidence supporting the certification as specified by the
department;

(3) submit data as specified by the department to determine the
appropriate amounts to claim as expenditures qualifying for federal
financial participation; and

(4) keep, maintain, and have readily retrievable any records specified
by the department to fully disclose reimbursement amounts to which the
eligible provider is entitled, and any other records required by the federal
centers for medicare and medicaid services.

(f) The department shall promptly seek any necessary federal
approvals for the implementation of this section. The department may limit
the program to those costs that are allowable expenditures under title XIX
of the federal social security act, 42 U.S.C. § 1396 et seq. If federal
approval is not obtained for implementation of this section, this section
shall not be implemented.

(1) The department shall submit claims for federal financial
participation for the expenditures for the services described in subsection
e) that are allowable expenditures under federal law.

(2) The department shall submit any necessary materials to the

federal government to provide assurances that claims for federal financial
participation will include only those expenditures that are allowable under
federal law. The department may utilize intergovernmental transfers or
certified public expenditures to implement this section subject to the
same provisions and requirements of section 2, and amendments thereto.

Sec. 2. (a) The department of health and environment shall design
and implement, in consultation and coordination with eligible providers as
described in subsection (b), an intergovernmental transfer program relating
to medicaid managed care, ground emergency medical transport services
and those services provided by emergency medical services personnel at
the emergency medical responder, emergency medical technician,
advanced emergency medical technician and paramedic levels in the pre-
stabilization and preparation for transport in order to increase capitation
payments for the purpose of increasing reimbursement to eligible
providers.

(b) A provider shall be eligible for increased reimbursement to
transfer public funds to the state pursuant to this section only if the
provider meets both of the following conditions in an applicable state-
fiscal-year reporting period:

(1) Provides ground emergency medical transport services to
medicaid managed care enrollees pursuant to a contract or other
arrangement with a medicaid managed care plan; and

(2) is owned or operated by the state, a political subdivision or local
government that employs or contracts with persons or providers who are
licensed by the department or permitted to provide emergency medical
services in the state of Kansas, including hospitals and private entities to
the extent permissible under federal law.

(c) To the extent intergovernmental transfers are voluntarily made by,
and accepted from, an eligible provider described in subsection (b), or a
governmental entity affiliated with an eligible provider, the department
shall make increased capitation payments to applicable medicaid managed
care plans for covered ground emergency medical transportation services.

(1) The increased capitation payments made pursuant to this section
shall be in amounts at least actuarially equivalent to the supplemental fee-
for-service payments and up to equivalent of commercial reimbursement
rates available for eligible providers, at a minimum, in actuarially
determined amounts to the extent permissible under federal law.

(2) Except as provided in subsection (f), all funds associated with
intergovernmental transfers made and accepted pursuant to this section
shall be used to fund additional payments to eligible providers medicaid
managed care plans.

(3) Medicaid managed care plans shall pay 100% of any amount of
increased capitation payments made pursuant to this section to eligible-
providers for providing and making available ground emergency medical
transportation and pre-stabilization services pursuant to a contract or other
arrangement with a medicaid managed care plan enter into contracts or
contract amendments with eligible providers for the disbursement of
increased capitation payments made pursuant to this section.

(d) The intergovernmental transfer program developed pursuant to
this section shall be implemented on the date federal approval is obtained,
and only to the extent intergovernmental transfers from the eligible
provider, or the governmental entity with which it is affiliated, are
provided for this purpose. To the extent permissible under federal law,
the
department shall implement the intergovernmental transfer program and
increased capitation payments under this section on a retroactive basis as
permitted by federal law approved by the federal centers for medicare
and medicaid services.

(e) Participation in the intergovernmental transfers under this section
is voluntary on the part of the transferring entities for purposes of all
applicable federal laws.

(f) This section shall be implemented without any additional
expenditure from the state general fund. As a condition of participation
under this section, each eligible provider as described in subsection (b), or
the governmental entity affiliated with an eligible provider, shall agree to
reimburse the department for any costs associated with implementing this
section. Intergovernmental transfers described in this section are subject to
an administration fee of up to 20% of the non-federal share paid to the
department and shall be allowed to count as a cost of providing the
services not to exceed 120% of the total amount.

(g) As a condition of participation under this section, medicaid
managed care plans, eligible providers as described in subsection (b), and
governmental entities affiliated with eligible providers shall agree to
comply with any requests for information or similar data requirements
imposed by the department for purposes of obtaining supporting
documentation necessary to claim federal funds or to obtain federal
approvals.

(h) This section shall be implemented only if and to the extent federal
financial participation is available and is not otherwise jeopardized and
any necessary federal approvals have been obtained.

(i) To the extent that the department determines that the payments
made pursuant to this section do not comply with federal medicaid
requirements, the department may return or not accept an
intergovernmental transfer and may adjust payments pursuant to this
section as necessary to comply with federal medicaid requirements.

(j) The state of Kansas and the department of health and environment
shall implement whatever program the center for medicare and medicaid
services approves for use in Kansas under this act.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.