

SECOND REGULAR SESSION

# SENATE BILL NO. 1072

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR HEGEMAN.

Read 1st time February 22, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

6487S.011

## AN ACT

To amend chapter 208, RSMo, by adding thereto two new sections relating to reimbursement for emergency medical transportation services under the MO HealthNet program.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 208, RSMo, is amended by adding thereto two new sections, to be known as sections 208.1030 and 208.1032, to read as follows:

**208.1030. 1. An eligible provider, as described in subsection 2 of this section, may, in addition to the rate of payment that the provider would otherwise receive for MO HealthNet ground emergency medical transportation services, receive MO HealthNet supplemental reimbursement to the extent provided by law.**

**2. A provider shall be eligible for MO HealthNet supplemental reimbursement if the provider meets the following characteristics during the state reporting period:**

**(1) Provides ground emergency medical transportation services to MO HealthNet participants;**

**(2) Is enrolled as a MO HealthNet provider for the period being claimed; and**

**(3) Is owned or operated by the state, a political subdivision, or local government.**

**3. An eligible provider's MO HealthNet supplemental reimbursement under this section shall be calculated and paid as follows:**

**(1) The supplemental reimbursement to an eligible provider, as described in subsection 2 of this section, shall be equal to the amount of federal financial participation received as a result of the claims**

21 submitted under subdivision (2) of subsection 6 of this section;

22 (2) In no instance shall the amount certified under subdivision  
23 (1) of subsection 5 of this section, when combined with the amount  
24 received from all other sources of reimbursement from the MO  
25 HealthNet program, exceed one hundred percent of actual costs, as  
26 determined under the MO HealthNet state plan for ground emergency  
27 medical transportation services;

28 (3) The MO HealthNet supplemental reimbursement provided by  
29 this section shall be distributed exclusively to eligible providers under  
30 a payment methodology based on ground emergency medical  
31 transportation services provided to MO HealthNet participants by  
32 eligible providers on a per-transport basis or other federally  
33 permissible basis. The department of social services shall obtain  
34 approval from the Centers for Medicare and Medicaid Services for the  
35 payment methodology to be utilized and shall not make any payment  
36 under this section prior to obtaining that approval.

37 4. An eligible provider, as a condition of receiving supplemental  
38 reimbursement under this section, shall enter into and maintain an  
39 agreement with the department's designee for the purposes of  
40 implementing this section and reimbursing the department of social  
41 services for the costs of administering this section. The non-federal  
42 share of the supplemental reimbursement submitted to the Centers for  
43 Medicare and Medicaid Services for purposes of claiming federal  
44 financial participation shall be paid with funds from the governmental  
45 entities described in subdivision (3) of subsection 2 of this section and  
46 certified to the state as provided in subsection 5 of this section.

47 5. Participation in the program by an eligible provider described  
48 in this section is voluntary. If an applicable governmental entity elects  
49 to seek supplemental reimbursement under this section on behalf of an  
50 eligible provider owned or operated by the entity, as described in  
51 subdivision (3) of subsection 2 of this section, the governmental entity  
52 shall do the following:

53 (1) Certify in conformity with the requirements of 42 CFR 433.51  
54 that the claimed expenditures for the ground emergency medical  
55 transportation services are eligible for federal financial participation;

56 (2) Provide evidence supporting the certification as specified by  
57 the department of social services;

58           **(3) Submit data as specified by the department of social services**  
59 **to determine the appropriate amounts to claim as expenditures**  
60 **qualifying for federal financial participation; and**

61           **(4) Keep, maintain, and have readily retrievable any records**  
62 **specified by the department of social services to fully disclose**  
63 **reimbursement amounts to which the eligible provider is entitled and**  
64 **any other records required by the Centers for Medicare and Medicaid**  
65 **Services.**

66           **6. The department of social services shall be authorized to seek**  
67 **any necessary federal approvals for the implementation of this**  
68 **section. The department may limit the program to those costs that are**  
69 **allowable expenditures under Title XIX of the Social Security Act, 42**  
70 **U.S.C. Section 1396, et seq.**

71           **(1) The department of social services shall submit claims for**  
72 **federal financial participation for the expenditures for the services**  
73 **described in subsection 5 of this section that are allowable**  
74 **expenditures under federal law;**

75           **(2) The department of social services shall, on an annual basis,**  
76 **submit any necessary materials to the federal government to provide**  
77 **assurances that claims for federal financial participation shall include**  
78 **only those expenditures that are allowable under federal law.**

**208.1032. 1. The department of social services shall be**  
2 **authorized to design and implement in consultation and coordination**  
3 **with eligible providers as described in subsection 2 of this section an**  
4 **intergovernmental transfer program relating to ground emergency**  
5 **medical transport services, including those services provided at the**  
6 **emergency medical responder, emergency medical technician (EMT),**  
7 **advanced EMT, EMT intermediate, or paramedic levels in the**  
8 **pre-stabilization and preparation for transport, in order to increase**  
9 **capitation payments for the purpose of increasing reimbursement to**  
10 **eligible providers.**

11           **2. A provider shall be eligible for increased reimbursement**  
12 **under this section only if the provider meets the following conditions**  
13 **in an applicable state fiscal year:**

14           **(1) Provides ground emergency medical transport services to MO**  
15 **HealthNet managed care participants pursuant to a contract or other**  
16 **arrangement with a MO HealthNet managed care plan; and**

17           **(2) Is owned or operated by the state or a political subdivision.**

18           **3. To the extent intergovernmental transfers are voluntarily**  
19 **made by and accepted from an eligible provider described in subsection**  
20 **2 of this section or a governmental entity affiliated with an eligible**  
21 **provider, the department of social services shall make increased**  
22 **capitation payments to applicable MO HealthNet managed care plans**  
23 **and coordinated care organizations for covered ground emergency**  
24 **medical transportation services.**

25           **(1) The increased capitation payments made under this section**  
26 **shall be in amounts at least actuarially equivalent to the supplemental**  
27 **fee-for-service payments and up to equivalent of commercial**  
28 **reimbursement rates available for eligible providers to the extent**  
29 **permissible under federal law;**

30           **(2) Except as provided in subsection 6 of this section, all funds**  
31 **associated with intergovernmental transfers made and accepted under**  
32 **this section shall be used to fund additional payments to eligible**  
33 **providers;**

34           **(3) MO HealthNet managed care plans and coordinated care**  
35 **organizations shall pay one hundred percent of any amount of**  
36 **increased capitation payments made under this section to eligible**  
37 **providers for providing and making available ground emergency**  
38 **medical transportation and pre-stabilization services pursuant to a**  
39 **contract or other arrangement with a MO HealthNet managed care plan**  
40 **or coordinated care organization.**

41           **4. The intergovernmental transfer program developed under this**  
42 **section shall be implemented on the date federal approval is obtained,**  
43 **and only to the extent intergovernmental transfers from the eligible**  
44 **provider, or the governmental entity with which it is affiliated, are**  
45 **provided for this purpose. The department of social services shall**  
46 **implement the intergovernmental transfer program and increased**  
47 **capitation payments under this section on a retroactive basis as**  
48 **permitted by federal law.**

49           **5. Participation in the intergovernmental transfers under this**  
50 **section is voluntary on the part of the transferring entities for purposes**  
51 **of all applicable federal laws.**

52           **6. As a condition of participation under this section, each**  
53 **eligible provider as described in subsection 2 of this section or the**

54 governmental entity affiliated with an eligible provider shall agree to  
55 reimburse the department of social services for any costs associated  
56 with implementing this section. Intergovernmental transfers described  
57 in this section are subject to an administration fee of up to twenty  
58 percent of the non-federal share paid to the department of social  
59 services and shall be allowed to count as a cost of providing the  
60 services not to exceed one hundred twenty percent of the total amount.

61 7. As a condition of participation under this section, MO  
62 HealthNet managed care plans, coordinated care organizations, eligible  
63 providers as described in subsection 2 of this section, and  
64 governmental entities affiliated with eligible providers shall agree to  
65 comply with any requests for information or similar data requirements  
66 imposed by the department of social services for purposes of obtaining  
67 supporting documentation necessary to claim federal funds or to obtain  
68 federal approvals.

69 8. This section shall be implemented only if and to the extent  
70 federal financial participation is available and is not otherwise  
71 jeopardized, and any necessary federal approvals have been obtained.

72 9. To the extent that the director of the department of social  
73 services determines that the payments made under this section do not  
74 comply with federal Medicaid requirements, the director retains the  
75 discretion to return or not accept an intergovernmental transfer, and  
76 may adjust payments under this section as necessary to comply with  
77 federal Medicaid requirements.

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