

CERTIFICATION OF ENROLLMENT

**HOUSE BILL 2007**

Chapter 147, Laws of 2015

64th Legislature  
2015 Regular Session

MEDICAID REIMBURSEMENT--GROUND EMERGENCY MEDICAL TRANSPORTATION  
SERVICES

EFFECTIVE DATE: 7/24/2015

Passed by the House March 4, 2015  
Yeas 88 Nays 10

FRANK CHOPP

**Speaker of the House of Representatives**

Passed by the Senate April 14, 2015  
Yeas 39 Nays 7

BRAD OWEN

**President of the Senate**

Approved April 29, 2015 2:00 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 2007** as passed by House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

**Chief Clerk**

FILED

April 29, 2015

**Secretary of State  
State of Washington**

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HOUSE BILL 2007

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Passed Legislature - 2015 Regular Session

State of Washington

64th Legislature

2015 Regular Session

By Representatives Zeiger, Sullivan, Stambaugh, Van De Wege,  
Riccelli, and Ormsby

Read first time 02/06/15. Referred to Committee on Appropriations.

1 AN ACT Relating to reimbursement to eligible providers for  
2 medicaid ground emergency medical transportation services; and adding  
3 new sections to chapter 41.05 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05  
6 RCW to read as follows:

7 (1) An eligible provider, as described in subsection (2) of this  
8 section, must, in addition to the rate of payment that the provider  
9 would otherwise receive for medicaid ground emergency medical  
10 transportation services, receive supplemental medicaid reimbursement  
11 to the extent provided by law.

12 (2) A provider is eligible for supplemental reimbursement only if  
13 the provider has all of the following characteristics continuously  
14 during a state fiscal year:

15 (a) Provides ground emergency medical transportation services to  
16 medicaid beneficiaries:

17 (b) Is a provider that is enrolled as a medicaid provider for the  
18 period being claimed;

19 (c) Is owned or operated by the state, a city, county, fire  
20 protection district, community services district, health care

1 district, federally recognized Indian tribe or any unit of government  
2 as defined in 42 C.F.R. Sec. 433.50;

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

5 (a) The supplemental reimbursement to an eligible provider, as  
6 described in subsection (2) of this section, must be equal to the  
7 amount of federal financial participation received as a result of the  
8 claims submitted pursuant to subsection (6)(b) of this section;

9 (b) In no instance may the amount certified pursuant to  
10 subsection (5)(a) of this section, when combined with the amount  
11 received from all other sources of reimbursement from the medicaid  
12 program, exceed one hundred percent of actual costs, as determined  
13 pursuant to the medicaid state plan, for ground emergency medical  
14 transportation services;

15 (c) The supplemental medicaid reimbursement provided by this  
16 section must be distributed exclusively to eligible providers under a  
17 payment methodology based on ground emergency medical transportation  
18 services provided to medicaid beneficiaries by eligible providers on  
19 a per-transport basis or other federally permissible basis. The  
20 authority shall obtain approval from the federal centers for medicare  
21 and medicaid services for the payment methodology to be utilized, and  
22 may not make any payment pursuant to this section prior to obtaining  
23 that approval.

24 (4)(a) It is the legislature's intent in enacting this section to  
25 provide the supplemental reimbursement described in this section  
26 without any expenditure from the general fund. An eligible provider,  
27 as a condition of receiving supplemental reimbursement pursuant to  
28 this section, shall enter into, and maintain, an agreement with the  
29 authority for the purposes of implementing this section and  
30 reimbursing the department for the costs of administering this  
31 section.

32 (b) The nonfederal share of the supplemental reimbursement  
33 submitted to the federal centers for medicare and medicaid services  
34 for purposes of claiming federal financial participation shall be  
35 paid only with funds from the governmental entities described in  
36 subsection (2)(c) of this section and certified to the state as  
37 provided in subsection (5) of this section.

38 (5) Participation in the program by an eligible provider  
39 described in this section is voluntary. If an applicable governmental  
40 entity elects to seek supplemental reimbursement pursuant to this

1 section on behalf of an eligible provider owned or operated by the  
2 entity, as described in subsection (2)(c) of this section, the  
3 governmental entity shall do all of the following:

4 (a) Certify, in conformity with the requirements of 42 C.F.R.  
5 Sec. 433.51, that the claimed expenditures for the ground emergency  
6 medical transportation services are eligible for federal financial  
7 participation;

8 (b) Provide evidence supporting the certification as specified by  
9 the department;

10 (c) Submit data as specified by the department to determine the  
11 appropriate amounts to claim as expenditures qualifying for federal  
12 financial participation;

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

17 (6) The department shall promptly seek any necessary federal  
18 approvals for the implementation of this section. The department may  
19 limit the program to those costs that are allowable expenditures  
20 under Title XIX of the federal social security act (42 U.S.C. Sec.  
21 1396 et seq.). If federal approval is not obtained for implementation  
22 of this section, this section may not be implemented.

23 (a) The department shall submit claims for federal financial  
24 participation for the expenditures for the services described in  
25 subsection (5) of this section that are allowable expenditures under  
26 federal law.

27 (b) The department shall, on an annual basis, submit any  
28 necessary materials to the federal government to provide assurances  
29 that claims for federal financial participation will include only  
30 those expenditures that are allowable under federal law.

31 (7) If either a final judicial determination is made by any court  
32 of appellate jurisdiction or a final determination is made by the  
33 administrator of the federal centers for medicare and medicaid  
34 services that the supplemental reimbursement provided for in this  
35 section must be made to any provider not described in this section,  
36 the director shall execute a declaration stating that the  
37 determination has been made and on that date this section becomes  
38 inoperative.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 41.05  
2    RCW to read as follows:

3        (1) The authority shall design and implement, in consultation  
4    with eligible providers as described in subsection (2) of this  
5    section, an intergovernmental transfer program relating to medicaid  
6    managed care, ground emergency medical transport services including  
7    those services provided by emergency medical technicians at the  
8    basic, advanced, and paramedic levels in the prestabilization and  
9    preparation for transport in order to increase capitation payments  
10   for the purpose of increasing reimbursement to eligible providers.

11        (2) A provider is eligible for increased reimbursement pursuant  
12   to this section only if the provider meets both of the following  
13   conditions in an applicable state fiscal year:

14        (a) Provides ground emergency medical transport services to  
15   medicaid managed care enrollees pursuant to a contract or other  
16   arrangement with a medicaid managed care plan.

17        (b) Is owned or operated by the state, a city, county, fire  
18   protection district, special district, community services district,  
19   health care district, federally recognized Indian tribe or unit of  
20   government as defined in 42 C.F.R. Sec. 433.50.

21        (3) To the extent intergovernmental transfers are voluntarily  
22   made by, and accepted from, an eligible provider described in  
23   subsection (2) of this section, or a governmental entity affiliated  
24   with an eligible provider, the department shall make increased  
25   capitation payments to applicable medicaid managed care plans for  
26   covered ground emergency medical transportation services.

27        (a) The increased capitation payments made pursuant to this  
28   section must be in amounts at least actuarially equivalent to the  
29   supplemental fee-for-service payments available for eligible  
30   providers to the extent permissible under federal law.

31        (b) Except as provided in subsection (6) of this section, all  
32   funds associated with intergovernmental transfers made and accepted  
33   pursuant to this section must be used to fund additional payments to  
34   eligible providers.

35        (c) Medicaid managed care plans shall pay one hundred percent of  
36   any amount of increased capitation payments made pursuant to this  
37   section to eligible providers for providing and making available  
38   ground emergency medical transportation and paramedical services  
39   pursuant to a contract or other arrangement with a medicaid managed  
40   care plan.

1 (4) The intergovernmental transfer program developed pursuant to  
2 this section must be implemented on the date federal approval was  
3 obtained, and only to the extent intergovernmental transfers from the  
4 eligible provider, or the governmental entity with which it is  
5 affiliated, are provided for this purpose. To the extent permitted by  
6 federal law, the department may implement the intergovernmental  
7 transfer program and increased capitation payments pursuant to this  
8 section on a retroactive basis as needed.

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

12 (6) This section must be implemented without any additional  
13 expenditure from the state general fund. As a condition of  
14 participation under this section, each eligible provider as described  
15 in subsection (2) of this section, or the governmental entity  
16 affiliated with an eligible provider, shall agree to reimburse the  
17 department for any costs associated with implementing this section.  
18 Intergovernmental transfers described in this section are subject to  
19 a twenty percent administration fee of the nonfederal share paid to  
20 the department and is allowed to count as a cost of providing the  
21 services.

22 (7) As a condition of participation under this section, medicaid  
23 managed care plans, eligible providers as described in subsection (2)  
24 of this section, and governmental entities affiliated with eligible  
25 providers shall agree to comply with any requests for information or  
26 similar data requirements imposed by the department for purposes of  
27 obtaining supporting documentation necessary to claim federal funds  
28 or to obtain federal approvals.

29 (8) This section must be implemented only if and to the extent  
30 federal financial participation is available and is not otherwise  
31 jeopardized, and any necessary federal approvals have been obtained.

32 (9) To the extent that the director determines that the payments  
33 made pursuant to this section do not comply with federal medicaid  
34 requirements, the director retains the discretion to return or not  
35 accept an intergovernmental transfer, and may adjust payments  
36 pursuant to this section as necessary to comply with federal medicaid  
37 requirements.

38 (10) To the extent federal approval is obtained, the increased  
39 capitation payments under this section may commence for dates of  
40 service on or after January 1, 2015.

Passed by the House March 4, 2015.  
Passed by the Senate April 14, 2015.  
Approved by the Governor April 29, 2015.  
Filed in Office of Secretary of State April 29, 2015.

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