

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Bill No. 607, Page 2, Section 208.800, Line 3, by
2 inserting after all of said section and line the following:

3
4 "208.1030. 1. An eligible provider, as described in subsection 2 of this section, may, in
5 addition to the rate of payment that the provider would otherwise receive for Medicaid ground
6 emergency medical transportation services, receive MO HealthNet supplemental reimbursement to
7 the extent provided by law.

8 2. A provider shall be eligible for Medicaid supplemental reimbursement if the provider
9 meets the following characteristics during the state reporting period:

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

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

13 (3) Is owned, operated, or contracted by the state or a political subdivision.

14 3. An eligible provider's Medicaid supplemental reimbursement under this section shall be
15 calculated and paid as follows:

16 (1) The supplemental reimbursement to an eligible provider, as described in subsection 2 of
17 this section, shall be equal to the amount of federal financial participation received as a result of the
18 claims submitted under subdivision (2) of subsection 6 of this section;

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

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

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

36 5. Participation in the program by an eligible provider described in this section is voluntary.

Standing Action Taken _____ Date _____

Select Action Taken _____ Date _____

1 If an applicable governmental entity elects to seek supplemental reimbursement under this section
2 on behalf of an eligible provider owned or operated by the entity, as described in subdivision (3) of
3 subsection 2 of this section, the governmental entity shall do the following:

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

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

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

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

14 6. The department of social services shall be authorized to seek any necessary federal
15 approvals for the implementation of this section. The department may limit the program to those
16 costs that are allowable expenditures under Title XIX of the Social Security Act, 42 U.S.C. Section
17 1396, et seq.

18 (1) The department of social services shall submit claims for federal financial participation
19 for the expenditures for the services described in subsection 5 of this section that are allowable
20 expenditures under federal law.

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

24 208.1032. 1. The department of social services shall be authorized to design and implement
25 in consultation and coordination with eligible providers as described in subsection 2 of this section
26 an intergovernmental transfer program relating to ground emergency medical transport services,
27 including those services provided at the emergency medical responder, emergency medical
28 technician (EMT), advanced EMT, EMT intermediate, or paramedic levels in the pre-stabilization
29 and preparation for transport, in order to increase capitation payments for the purpose of increasing
30 reimbursement to eligible providers.

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

33 (1) Provides ground emergency medical transport services to MO HealthNet managed care
34 participants pursuant to a contract or other arrangement with MO HealthNet or a MO HealthNet
35 managed care plan; and

36 (2) Is owned, operated, or contracted by the state or a political subdivision.

37 3. To the extent intergovernmental transfers are voluntarily made by and accepted from an
38 eligible provider described in subsection 2 of this section or a governmental entity affiliated with an
39 eligible provider, the department of social services shall make increased capitation payments to
40 applicable MO HealthNet eligible providers for covered ground emergency medical transportation
41 services.

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

46 (2) Except as provided in subsection 6 of this section, all funds associated with
47 intergovernmental transfers made and accepted under this section shall be used to fund additional
48 payments to eligible providers.

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

6 4. The intergovernmental transfer program developed under this section shall be
7 implemented on the date federal approval is obtained, and only to the extent intergovernmental
8 transfers from the eligible provider, or the governmental entity with which it is affiliated, are
9 provided for this purpose. The department of social services shall implement the intergovernmental
10 transfer program and increased capitation payments under this section on a retroactive basis as
11 permitted by federal law.

12 5. Participation in the intergovernmental transfers under this section is voluntary on the part
13 of the transferring entities for purposes of all applicable federal laws.

14 6. As a condition of participation under this section, each eligible provider as described in
15 subsection 2 of this section or the governmental entity affiliated with an eligible provider shall agree
16 to reimburse the department of social services for any costs associated with implementing this
17 section. Intergovernmental transfers described in this section are subject to an administration fee of
18 up to twenty percent of the nonfederal share paid to the department of social services and shall be
19 allowed to count as a cost of providing the services not to exceed one hundred twenty percent of the
20 total amount.

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

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

30 9. To the extent that the director of the department of social services determines that the
31 payments made under this section do not comply with federal Medicaid requirements, the director
32 retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments
33 under this section as necessary to comply with federal Medicaid requirements."; and
34

35 Further amend said bill by amending the title, enacting clause, and intersectional references
36 accordingly.