

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill Nos. 865 & 866, Page 1, Section A, Line 4, by inserting after all of said line the
3 following:

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

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

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

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

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

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

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

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

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

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

Standing Action Taken _____ Date _____

Select Action Taken _____ Date _____

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

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

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

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

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

15 6. The department of social services shall be authorized to seek any necessary federal
16 approvals for the implementation of this section. The department may limit the program to those
17 costs that are allowable expenditures under Title XIX of the Social Security Act, 42 U.S.C. Section
18 1396, et seq.

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

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

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

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

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

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

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

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

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

1 payments to eligible providers.

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

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

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

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

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

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

31 9. To the extent that the director of the department of social services determines that the
32 payments made under this section do not comply with federal Medicaid requirements, the director
33 retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments
34 under this section as necessary to comply with federal Medicaid requirements."; and
35

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