

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2496
98TH GENERAL ASSEMBLY

6304H.02C

D. ADAM CRUMBLISS, Chief Clerk

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 Medicaid ground emergency medical transportation services, receive MO HealthNet supplemental reimbursement to the extent provided by law.

2. A provider shall be eligible for Medicaid 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, operated, or contracted by the state or a political subdivision.

3. An eligible provider's Medicaid 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 submitted under subdivision (2) of subsection 6 of this section;

(2) In no instance shall the amount certified under subdivision (1) of subsection 5 of this section, when combined with the amount received from all other sources of reimbursement from the MO HealthNet program, exceed one hundred percent of actual

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

20 costs, as determined under the Medicaid state plan for ground emergency medical
21 transportation services; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

56 **9. To the extent that the director of the department of social services determines**
57 **that the payments made under this section do not comply with federal Medicaid**
58 **requirements, the director retains the discretion to return or not accept an**
59 **intergovernmental transfer, and may adjust payments under this section as necessary to**
60 **comply with federal Medicaid requirements.**

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