

HCS HB 2496 -- MEDICAL SERVICES REIMBURSEMENT (Fitzpatrick)

COMMITTEE OF ORIGIN: Select Committee on Budget

The bill permits an eligible provider to receive MO HealthNet supplemental reimbursement to the extent provided by law in addition to the rate of payment that the provider would otherwise receive for Medicaid ground emergency medical transportation services. A provider must be eligible for Medicaid supplemental reimbursement if the provider meets specified characteristics during the state reporting period and an eligible provider's Medicaid supplemental reimbursement must be calculated and paid as specified in the bill. An eligible provider, as a condition of receiving supplemental reimbursement, must enter into and maintain an agreement with the designee of the Department of Social Services for the purposes of implementing the provisions of the bill and reimbursing the department for the costs of administering these provisions. The non-federal share of the supplemental reimbursement submitted to the Centers for Medicare and Medicaid Services for purposes of claiming federal financial participation must be paid and certified as specified in the bill.

The bill delineates the process for when an applicable governmental entity elects to seek supplemental reimbursement on behalf of an eligible provider owned or operated by, or contracted with the entity.

The bill authorizes the department to seek any necessary federal approvals for the implementation of the provisions of the bill and permits the department to limit the program to those costs that are allowable expenditures under Title XIX of the Social Security Act.

The bill authorizes the department to design and implement in consultation and coordination with eligible providers an intergovernmental transfer program relating to ground emergency medical transport services, including specified services, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers. A provider is eligible for increased reimbursement under this section only if the provider meets certain conditions in an applicable state fiscal year. To the extent intergovernmental transfers are voluntarily made by and accepted from an eligible provider or a governmental entity affiliated with an eligible provider, the department must make increased capitation payments as specified in the bill to applicable MO HealthNet managed care plans and coordinated care organizations for covered ground emergency medical transportation services.

The intergovernmental transfer program must be implemented on the

date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. The department must implement the intergovernmental transfer program and increased capitation payments on a retroactive basis as permitted by federal law. Participation in the intergovernmental transfers is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

The bill specifies conditions of participation for MO HealthNet managed care plans, coordinated care organizations, eligible providers, and governmental entities affiliated with eligible providers. The provisions of the bill must be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized, and any necessary federal approvals have been obtained. To the extent that the director of the department determines that the payments made under the provisions of the bill do not comply with federal Medicaid requirements, the director retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments as necessary to comply with federal Medicaid requirements.