

101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB1638

by Rep. Emanuel Chris Welch

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.2

from Ch. 23, par. 5-4.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to receive the approval of the General Assembly prior to applying for any waiver to reduce or eliminate the State's responsibility to provide emergency or non-emergency ambulance services to Medicaid beneficiaries. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

A BILL FOR

HB1638

1

AN ACT concerning public aid.

2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

4 Section 5. The Illinois Public Aid Code is amended by 5 changing Section 5-4.2 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ambulance services payments.

(a) For ambulance services provided to a recipient of aid 8 9 under this Article on or after January 1, 1993, the Illinois 10 Department shall reimburse ambulance service providers at rates calculated in accordance with this Section. It is the 11 12 intent of the General Assembly to provide adequate 13 reimbursement for ambulance services so as to ensure adequate 14 access to services for recipients of aid under this Article and provide appropriate incentives to ambulance service 15 to 16 providers provide services in an efficient and to 17 cost-effective manner. Thus, it is the intent of the General Illinois 18 Assemblv that the Department implement а 19 reimbursement system for ambulance services that, to the extent 20 practicable and subject to the availability of funds 21 appropriated by the General Assembly for this purpose, is 22 consistent with the payment principles of Medicare. To ensure uniformity between the payment principles of Medicare and 23

Medicaid, the Illinois Department shall follow, to the extent 1 2 necessary and practicable and subject to the availability of 3 funds appropriated by the General Assembly for this purpose, statutes, laws, regulations, policies, procedures, 4 the 5 principles, definitions, guidelines, and manuals used to 6 determine the amounts paid to ambulance service providers under 7 Title XVIII of the Social Security Act (Medicare). The Illinois 8 Department shall receive the approval of the General Assembly 9 prior to applying for any waiver to reduce or eliminate the 10 State's responsibility to provide emergency or non-emergency 11 ambulance services to Medicaid beneficiaries.

(b) For ambulance services provided to a recipient of aid under this Article on or after January 1, 1996, the Illinois Department shall reimburse ambulance service providers based upon the actual distance traveled if a natural disaster, weather conditions, road repairs, or traffic congestion necessitates the use of a route other than the most direct route.

19 (c) For purposes of this Section, "ambulance services" 20 includes medical transportation services provided by means of 21 an ambulance, medi-car, service car, or taxi.

(c-1) For purposes of this Section, "ground ambulance service" means medical transportation services that are described as ground ambulance services by the Centers for Medicare and Medicaid Services and provided in a vehicle that is licensed as an ambulance by the Illinois Department of

Public Health pursuant to the Emergency Medical Services (EMS)
 Systems Act.

(c-2) For purposes of this Section, "ground ambulance 3 service provider" means a vehicle service provider as described 4 5 in the Emergency Medical Services (EMS) Systems Act that operates licensed ambulances for the purpose of providing 6 emergency ambulance services, or non-emergency ambulance 7 8 services, or both. For purposes of this Section, this includes 9 both ambulance providers and ambulance suppliers as described 10 by the Centers for Medicare and Medicaid Services.

11 (c-3) For purposes of this Section, "medi-car" means 12 transportation services provided to a patient who is confined 13 to a wheelchair and requires the use of a hydraulic or electric lift or ramp and wheelchair lockdown when the patient's 14 15 condition does not require medical observation, medical 16 supervision, medical equipment, the administration of 17 medications, or the administration of oxygen.

18 (c-4) For purposes of this Section, "service car" means 19 transportation services provided to a patient by a passenger 20 vehicle where that patient does not require the specialized 21 modes described in subsection (c-1) or (c-3).

(d) This Section does not prohibit separate billing by ambulance service providers for oxygen furnished while providing advanced life support services.

(e) Beginning with services rendered on or after July 1,
2008, all providers of non-emergency medi-car and service car

1 transportation must certify that the driver and employee 2 attendant, as applicable, have completed a safety program 3 approved by the Department to protect both the patient and the driver, prior to transporting a patient. The provider must 4 5 maintain this certification in its records. The provider shall produce such documentation upon demand by the Department or its 6 representative. Failure to produce documentation of such 7 8 training shall result in recovery of any payments made by the 9 Department for services rendered by a non-certified driver or 10 employee attendant. Medi-car and service car providers must 11 maintain legible documentation in their records of the driver 12 and, applicable, employee attendant that as actually 13 transported the patient. Providers must recertify all drivers 14 and employee attendants every 3 years.

15 Notwithstanding the requirements above, any public 16 transportation provider of medi-car and service car 17 transportation that receives federal funding under 49 U.S.C. 5307 and 5311 need not certify its drivers and employee 18 attendants under this Section, since safety training is already 19 20 federally mandated.

21 (f) With respect to any policy or program administered by 22 the Department or its agent regarding approval of non-emergency 23 medical transportation by ground ambulance service providers, limited to, 24 including, but not the Non-Emergency 25 Transportation Services Prior Approval Program (NETSPAP), the 26 Department shall establish by rule a process by which ground

service providers 1 ambulance of non-emergency medical transportation may appeal any decision by the Department or its 2 agent for which no denial was received prior to the time of 3 transport that either (i) denies a request for approval for 4 5 payment of non-emergency transportation by means of ground 6 ambulance service or (ii) grants a request for approval of 7 non-emergency transportation by means of ground ambulance service at a level of service that entitles the ground 8 9 ambulance service provider to a lower level of compensation 10 from the Department than the ground ambulance service provider would have received as compensation for the level of service 11 12 requested. The rule shall be filed by December 15, 2012 and 13 shall provide that, for any decision rendered by the Department 14 or its agent on or after the date the rule takes effect, the 15 ground ambulance service provider shall have 60 days from the 16 date the decision is received to file an appeal. The rule 17 established by the Department shall be, insofar as is practical, consistent with the Illinois Administrative 18 19 Procedure Act. The Director's decision on an appeal under this Section shall be a final administrative decision subject to 20 review under the Administrative Review Law. 21

(f-5) Beginning 90 days after July 20, 2012 (the effective date of Public Act 97-842), (i) no denial of a request for approval for payment of non-emergency transportation by means of ground ambulance service, and (ii) no approval of non-emergency transportation by means of ground ambulance

service at a level of service that entitles the ground 1 2 ambulance service provider to a lower level of compensation 3 from the Department than would have been received at the level of service submitted by the ground ambulance service provider, 4 5 may be issued by the Department or its agent unless the Department has submitted the criteria for determining the 6 7 appropriateness of the transport for first notice publication 8 in the Illinois Register pursuant to Section 5-40 of the 9 Illinois Administrative Procedure Act.

10 (q) Whenever a patient covered by a medical assistance 11 program under this Code or by another medical program 12 administered by the Department, including a patient covered 13 under the State's Medicaid managed care program, is being 14 transported from a facility and requires non-emergency 15 transportation including ground ambulance, medi-car, or 16 service car transportation, a Physician Certification 17 Statement as described in this Section shall be required for each patient. Facilities shall develop procedures for a 18 19 licensed medical professional to provide a written and signed 20 Physician Certification Statement. The Physician Certification Statement shall specify the level of transportation services 21 22 needed and complete a medical certification establishing the 23 criteria for approval of non-emergency ambulance 24 transportation, as published by the Department of Healthcare 25 and Family Services, that is met by the patient. This 26 certification shall be completed prior to ordering the

1 transportation service and prior to patient discharge. The 2 Physician Certification Statement is not required prior to 3 transport if a delay in transport can be expected to negatively 4 affect the patient outcome.

5 The medical certification specifying the level and type of 6 non-emergency transportation needed shall be in the form of the Physician Certification Statement on a standardized form 7 8 prescribed by the Department of Healthcare and Family Services. 9 Within 75 days after July 27, 2018 (the effective date of Public Act 100-646) this amendatory Act of the 100th General 10 11 Assembly, the Department of Healthcare and Family Services 12 shall develop a standardized form of the Physician 13 Certification Statement specifying the level and type of transportation services needed in consultation with the 14 15 Department of Public Health, Medicaid managed care 16 organizations, a statewide association representing ambulance 17 providers, a statewide association representing hospitals, 3 statewide associations representing nursing homes, and other 18 stakeholders. The Physician Certification Statement shall 19 20 include, but is not limited to, the criteria necessary to demonstrate medical necessity for the level of transport needed 21 22 as required by (i) the Department of Healthcare and Family 23 Services and (ii) the federal Centers for Medicare and Medicaid Services as outlined in the Centers for Medicare and Medicaid 24 25 Services' Medicare Benefit Policy Manual, Pub. 100-02, Chap. 26 10, Sec. 10.2.1, et seq. The use of the Physician Certification

Statement shall satisfy the obligations of hospitals under 1 2 Section 6.22 of the Hospital Licensing Act and nursing homes 2-217 of the Nursing 3 under Section Home Care Act. Implementation and acceptance of the Physician Certification 4 5 Statement shall take place no later than 90 days after the issuance of the Physician Certification Statement by the 6 Department of Healthcare and Family Services. 7

8 Pursuant to subsection (E) of Section 12-4.25 of this Code, 9 the Department is entitled to recover overpayments paid to a 10 provider or vendor, including, but not limited to, from the 11 discharging physician, the discharging facility, and the 12 ground ambulance service provider, in instances where a 13 non-emergency ground ambulance service is rendered as the 14 result of improper or false certification.

15 Beginning October 1, 2018, the Department of Healthcare and 16 Family Services shall collect data from Medicaid managed care 17 organizations and transportation brokers, including the Department's NETSPAP broker, regarding denials and appeals 18 19 related to the missing or incomplete Physician Certification 20 Statement forms and overall compliance with this subsection. 21 The Department of Healthcare and Family Services shall publish 22 quarterly results on its website within 15 days following the 23 end of each quarter.

(h) On and after July 1, 2012, the Department shall reduce
any rate of reimbursement for services or other payments or
alter any methodologies authorized by this Code to reduce any

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rate of reimbursement for services or other payments in
 accordance with Section 5-5e.

3 (i) On and after July 1, 2018, the Department shall 4 increase the base rate of reimbursement for both base charges 5 and mileage charges for ground ambulance service providers for 6 medical transportation services provided by means of a ground 7 ambulance to a level not lower than 112% of the base rate in 8 effect as of June 30, 2018.

9 (Source: P.A. 100-587, eff. 6-4-18; 100-646, eff. 7-27-18; 10 revised 8-27-18.)

Section 99. Effective date. This Act takes effect upon becoming law.