



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2912

by Rep. Gregory Harris

#### 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. Provides that the Department of Healthcare and Family Services must implement an average commercial rate supplemental payment program for ground ambulance services providers for dates of service beginning no later than January 1, 2020. Provides that no later than July 1, 2019, the Department must submit to the Centers for Medicare and Medicaid Services an Illinois Title XIX State Plan amendment to implement an average commercial rate supplemental payment program for ground ambulance services providers; and that the Department must require Medicaid managed care organizations, including managed care community networks, to pay the approved average commercial rates in coordination with the Department. Effective immediately.

LRB101 11028 KTG 56228 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 10. 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.

8 (a) For ambulance services provided to a recipient of aid  
9 under this Article on or after January 1, 1993, the Illinois  
10 Department shall reimburse ambulance service providers at  
11 rates calculated in accordance with this Section. It is the  
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  
15 to provide appropriate incentives to ambulance service  
16 providers to provide services in an efficient and  
17 cost-effective manner. Thus, it is the intent of the General  
18 Assembly that the Illinois Department implement a  
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  
23 uniformity between the payment principles of Medicare and

1 Medicaid, the Illinois Department shall follow, to the extent  
2 necessary and practicable and subject to the availability of  
3 funds appropriated by the General Assembly for this purpose,  
4 the statutes, laws, regulations, policies, procedures,  
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).

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

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

18 (c-1) For purposes of this Section, "ground ambulance  
19 service" means medical transportation services that are  
20 described as ground ambulance services by the Centers for  
21 Medicare and Medicaid Services and provided in a vehicle that  
22 is licensed as an ambulance by the Illinois Department of  
23 Public Health pursuant to the Emergency Medical Services (EMS)  
24 Systems Act.

25 (c-2) For purposes of this Section, "ground ambulance  
26 service provider" means a vehicle service provider as described

1 in the Emergency Medical Services (EMS) Systems Act that  
2 operates licensed ambulances for the purpose of providing  
3 emergency ambulance services, or non-emergency ambulance  
4 services, or both. For purposes of this Section, this includes  
5 both ambulance providers and ambulance suppliers as described  
6 by the Centers for Medicare and Medicaid Services.

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

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

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

21 (e) Beginning with services rendered on or after July 1,  
22 2008, all providers of non-emergency medi-car and service car  
23 transportation must certify that the driver and employee  
24 attendant, as applicable, have completed a safety program  
25 approved by the Department to protect both the patient and the  
26 driver, prior to transporting a patient. The provider must

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

11 Notwithstanding the requirements above, any public  
12 transportation provider of medi-car and service car  
13 transportation that receives federal funding under 49 U.S.C.  
14 5307 and 5311 need not certify its drivers and employee  
15 attendants under this Section, since safety training is already  
16 federally mandated.

17 (f) With respect to any policy or program administered by  
18 the Department or its agent regarding approval of non-emergency  
19 medical transportation by ground ambulance service providers,  
20 including, but not limited to, the Non-Emergency  
21 Transportation Services Prior Approval Program (NETSPAP), the  
22 Department shall establish by rule a process by which ground  
23 ambulance service providers of non-emergency medical  
24 transportation may appeal any decision by the Department or its  
25 agent for which no denial was received prior to the time of  
26 transport that either (i) denies a request for approval for

1 payment of non-emergency transportation by means of ground  
2 ambulance service or (ii) grants a request for approval of  
3 non-emergency transportation by means of ground ambulance  
4 service at a level of service that entitles the ground  
5 ambulance service provider to a lower level of compensation  
6 from the Department than the ground ambulance service provider  
7 would have received as compensation for the level of service  
8 requested. The rule shall be filed by December 15, 2012 and  
9 shall provide that, for any decision rendered by the Department  
10 or its agent on or after the date the rule takes effect, the  
11 ground ambulance service provider shall have 60 days from the  
12 date the decision is received to file an appeal. The rule  
13 established by the Department shall be, insofar as is  
14 practical, consistent with the Illinois Administrative  
15 Procedure Act. The Director's decision on an appeal under this  
16 Section shall be a final administrative decision subject to  
17 review under the Administrative Review Law.

18 (f-5) Beginning 90 days after July 20, 2012 (the effective  
19 date of Public Act 97-842), (i) no denial of a request for  
20 approval for payment of non-emergency transportation by means  
21 of ground ambulance service, and (ii) no approval of  
22 non-emergency transportation by means of ground ambulance  
23 service at a level of service that entitles the ground  
24 ambulance service provider to a lower level of compensation  
25 from the Department than would have been received at the level  
26 of service submitted by the ground ambulance service provider,

1 may be issued by the Department or its agent unless the  
2 Department has submitted the criteria for determining the  
3 appropriateness of the transport for first notice publication  
4 in the Illinois Register pursuant to Section 5-40 of the  
5 Illinois Administrative Procedure Act.

6 (g) Whenever a patient covered by a medical assistance  
7 program under this Code or by another medical program  
8 administered by the Department, including a patient covered  
9 under the State's Medicaid managed care program, is being  
10 transported from a facility and requires non-emergency  
11 transportation including ground ambulance, medi-car, or  
12 service car transportation, a Physician Certification  
13 Statement as described in this Section shall be required for  
14 each patient. Facilities shall develop procedures for a  
15 licensed medical professional to provide a written and signed  
16 Physician Certification Statement. The Physician Certification  
17 Statement shall specify the level of transportation services  
18 needed and complete a medical certification establishing the  
19 criteria for approval of non-emergency ambulance  
20 transportation, as published by the Department of Healthcare  
21 and Family Services, that is met by the patient. This  
22 certification shall be completed prior to ordering the  
23 transportation service and prior to patient discharge. The  
24 Physician Certification Statement is not required prior to  
25 transport if a delay in transport can be expected to negatively  
26 affect the patient outcome.

1           The medical certification specifying the level and type of  
2 non-emergency transportation needed shall be in the form of the  
3 Physician Certification Statement on a standardized form  
4 prescribed by the Department of Healthcare and Family Services.  
5 Within 75 days after July 27, 2018 (the effective date of  
6 Public Act 100-646) ~~this amendatory Act of the 100th General~~  
7 ~~Assembly~~, the Department of Healthcare and Family Services  
8 shall develop a standardized form of the Physician  
9 Certification Statement specifying the level and type of  
10 transportation services needed in consultation with the  
11 Department of Public Health, Medicaid managed care  
12 organizations, a statewide association representing ambulance  
13 providers, a statewide association representing hospitals, 3  
14 statewide associations representing nursing homes, and other  
15 stakeholders. The Physician Certification Statement shall  
16 include, but is not limited to, the criteria necessary to  
17 demonstrate medical necessity for the level of transport needed  
18 as required by (i) the Department of Healthcare and Family  
19 Services and (ii) the federal Centers for Medicare and Medicaid  
20 Services as outlined in the Centers for Medicare and Medicaid  
21 Services' Medicare Benefit Policy Manual, Pub. 100-02, Chap.  
22 10, Sec. 10.2.1, et seq. The use of the Physician Certification  
23 Statement shall satisfy the obligations of hospitals under  
24 Section 6.22 of the Hospital Licensing Act and nursing homes  
25 under Section 2-217 of the Nursing Home Care Act.  
26 Implementation and acceptance of the Physician Certification



1 Statement shall take place no later than 90 days after the  
2 issuance of the Physician Certification Statement by the  
3 Department of Healthcare and Family Services.

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

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

20 (h) On and after July 1, 2012, the Department shall reduce  
21 any rate of reimbursement for services or other payments or  
22 alter any methodologies authorized by this Code to reduce any  
23 rate of reimbursement for services or other payments in  
24 accordance with Section 5-5e.

25 (i) On and after July 1, 2018, the Department shall  
26 increase the base rate of reimbursement for both base charges

1 and mileage charges for ground ambulance service providers for  
2 medical transportation services provided by means of a ground  
3 ambulance to a level not lower than 112% of the base rate in  
4 effect as of June 30, 2018.

5 (m) The Department must implement an average commercial  
6 rate supplemental payment program for ground ambulance  
7 services providers for dates of service beginning no later than  
8 January 1, 2020. No later than July 1, 2019, the Department  
9 must submit to the Centers for Medicare and Medicaid Services  
10 an Illinois Title XIX State Plan amendment to implement an  
11 average commercial rate supplemental payment program for  
12 ground ambulance services providers. The Department must  
13 require Medicaid managed care organizations as defined in  
14 Section 5-30.1 of this Article, including managed care  
15 community networks as defined in Section 5-11 of this Article,  
16 to pay the approved average commercial rates in coordination  
17 with the Department.

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

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