



Rep. Jay Hoffman

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10200SB2325ham001

LRB102 16957 KTG 26758 a

1 AMENDMENT TO SENATE BILL 2325

2 AMENDMENT NO. _____. Amend Senate Bill 2325 by replacing
3 everything after the enacting clause with the following:

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.

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
15 and to provide appropriate incentives to ambulance service
16 providers to provide services in an efficient and

1 cost-effective manner. Thus, it is the intent of the General
2 Assembly that the Illinois Department implement a
3 reimbursement system for ambulance services that, to the
4 extent practicable and subject to the availability of funds
5 appropriated by the General Assembly for this purpose, is
6 consistent with the payment principles of Medicare. To ensure
7 uniformity between the payment principles of Medicare and
8 Medicaid, the Illinois Department shall follow, to the extent
9 necessary and practicable and subject to the availability of
10 funds appropriated by the General Assembly for this purpose,
11 the statutes, laws, regulations, policies, procedures,
12 principles, definitions, guidelines, and manuals used to
13 determine the amounts paid to ambulance service providers
14 under Title XVIII of the Social Security Act (Medicare).

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

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

25 (c-1) For purposes of this Section, "ground ambulance
26 service" means medical transportation services that are

1 described as ground ambulance services by the Centers for
2 Medicare and Medicaid Services and provided in a vehicle that
3 is licensed as an ambulance by the Illinois Department of
4 Public Health pursuant to the Emergency Medical Services (EMS)
5 Systems Act.

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

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

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

25 (d) This Section does not prohibit separate billing by
26 ambulance service providers for oxygen furnished while

1 providing advanced life support services.

2 (e) Beginning with services rendered on or after July 1,
3 2008, all providers of non-emergency medi-car and service car
4 transportation must certify that the driver and employee
5 attendant, as applicable, have completed a safety program
6 approved by the Department to protect both the patient and the
7 driver, prior to transporting a patient. The provider must
8 maintain this certification in its records. The provider shall
9 produce such documentation upon demand by the Department or
10 its representative. Failure to produce documentation of such
11 training shall result in recovery of any payments made by the
12 Department for services rendered by a non-certified driver or
13 employee attendant. Medi-car and service car providers must
14 maintain legible documentation in their records of the driver
15 and, as applicable, employee attendant that actually
16 transported the patient. Providers must recertify all drivers
17 and employee attendants every 3 years.

18 Notwithstanding the requirements above, any public
19 transportation provider of medi-car and service car
20 transportation that receives federal funding under 49 U.S.C.
21 5307 and 5311 need not certify its drivers and employee
22 attendants under this Section, since safety training is
23 already federally mandated.

24 (f) With respect to any policy or program administered by
25 the Department or its agent regarding approval of
26 non-emergency medical transportation by ground ambulance

1 service providers, including, but not limited to, the
2 Non-Emergency Transportation Services Prior Approval Program
3 (NETSPAP), the Department shall establish by rule a process by
4 which ground ambulance service providers of non-emergency
5 medical transportation may appeal any decision by the
6 Department or its agent for which no denial was received prior
7 to the time of transport that either (i) denies a request for
8 approval for payment of non-emergency transportation by means
9 of ground ambulance service or (ii) grants a request for
10 approval of non-emergency transportation by means of ground
11 ambulance service at a level of service that entitles the
12 ground ambulance service provider to a lower level of
13 compensation from the Department than the ground ambulance
14 service provider would have received as compensation for the
15 level of service requested. The rule shall be filed by
16 December 15, 2012 and shall provide that, for any decision
17 rendered by the Department or its agent on or after the date
18 the rule takes effect, the ground ambulance service provider
19 shall have 60 days from the date the decision is received to
20 file an appeal. The rule established by the Department shall
21 be, insofar as is practical, consistent with the Illinois
22 Administrative Procedure Act. The Director's decision on an
23 appeal under this Section shall be a final administrative
24 decision subject to review under the Administrative Review
25 Law.

26 (f-5) Beginning 90 days after July 20, 2012 (the effective

1 date of Public Act 97-842), (i) no denial of a request for
2 approval for payment of non-emergency transportation by means
3 of ground ambulance service, and (ii) no approval of
4 non-emergency transportation by means of ground ambulance
5 service at a level of service that entitles the ground
6 ambulance service provider to a lower level of compensation
7 from the Department than would have been received at the level
8 of service submitted by the ground ambulance service provider,
9 may be issued by the Department or its agent unless the
10 Department has submitted the criteria for determining the
11 appropriateness of the transport for first notice publication
12 in the Illinois Register pursuant to Section 5-40 of the
13 Illinois Administrative Procedure Act.

14 (f-7) For non-emergency ground ambulance claims properly
15 denied under Department policy at the time the claim is filed
16 due to failure to submit a valid Medical Certification for
17 Non-Emergency Ambulance on and after December 15, 2012 and
18 prior to January 1, 2021, the Department shall allot
19 \$2,000,000 to a pool to reimburse such claims if the provider
20 proves medical necessity for the service by other means.
21 Providers must submit any such denied claims for which they
22 seek compensation to the Department no later than December 31,
23 2021 along with documentation of medical necessity. No later
24 than May 31, 2022, the Department shall determine for which
25 claims medical necessity was established. Such claims for
26 which medical necessity was established shall be paid at the

1 rate in effect at the time of the service, provided the
2 \$2,000,000 is sufficient to pay at those rates. If the pool is
3 not sufficient, claims shall be paid at a uniform percentage
4 of the applicable rate such that the pool of \$2,000,000 is
5 exhausted. The appeal process described in subsection (f)
6 shall not be applicable to the Department's determinations
7 made in accordance with this subsection.

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

1 transport if a delay in transport can be expected to
2 negatively affect the patient outcome. If the ground ambulance
3 provider, medi-car provider, or service car provider is unable
4 to obtain the required Physician Certification Statement
5 within 10 calendar days following the date of the service, the
6 ground ambulance provider, medi-car provider, or service car
7 provider must document its attempt to obtain the requested
8 certification and may then submit the claim for payment.
9 Acceptable documentation includes a signed return receipt from
10 the U.S. Postal Service, facsimile receipt, email receipt, or
11 other similar service that evidences that the ground ambulance
12 provider, medi-car provider, or service car provider attempted
13 to obtain the required Physician Certification Statement.

14 The medical certification specifying the level and type of
15 non-emergency transportation needed shall be in the form of
16 the Physician Certification Statement on a standardized form
17 prescribed by the Department of Healthcare and Family
18 Services. Within 75 days after July 27, 2018 (the effective
19 date of Public Act 100-646), the Department of Healthcare and
20 Family Services shall develop a standardized form of the
21 Physician Certification Statement specifying the level and
22 type of transportation services needed in consultation with
23 the Department of Public Health, Medicaid managed care
24 organizations, a statewide association representing ambulance
25 providers, a statewide association representing hospitals, 3
26 statewide associations representing nursing homes, and other

1 stakeholders. The Physician Certification Statement shall
2 include, but is not limited to, the criteria necessary to
3 demonstrate medical necessity for the level of transport
4 needed as required by (i) the Department of Healthcare and
5 Family Services and (ii) the federal Centers for Medicare and
6 Medicaid Services as outlined in the Centers for Medicare and
7 Medicaid Services' Medicare Benefit Policy Manual, Pub.
8 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
9 Certification Statement shall satisfy the obligations of
10 hospitals under Section 6.22 of the Hospital Licensing Act and
11 nursing homes under Section 2-217 of the Nursing Home Care
12 Act. Implementation and acceptance of the Physician
13 Certification Statement shall take place no later than 90 days
14 after the issuance of the Physician Certification Statement by
15 the Department of Healthcare and Family Services.

16 Pursuant to subsection (E) of Section 12-4.25 of this
17 Code, the Department is entitled to recover overpayments paid
18 to a provider or vendor, including, but not limited to, from
19 the discharging physician, the discharging facility, and the
20 ground ambulance service provider, in instances where a
21 non-emergency ground ambulance service is rendered as the
22 result of improper or false certification.

23 Beginning October 1, 2018, the Department of Healthcare
24 and Family Services shall collect data from Medicaid managed
25 care organizations and transportation brokers, including the
26 Department's NETSPAP broker, regarding denials and appeals

1 related to the missing or incomplete Physician Certification
2 Statement forms and overall compliance with this subsection.
3 The Department of Healthcare and Family Services shall publish
4 quarterly results on its website within 15 days following the
5 end of each quarter.

6 (h) On and after July 1, 2012, the Department shall reduce
7 any rate of reimbursement for services or other payments or
8 alter any methodologies authorized by this Code to reduce any
9 rate of reimbursement for services or other payments in
10 accordance with Section 5-5e.

11 (i) On and after July 1, 2018, the Department shall
12 increase the base rate of reimbursement for both base charges
13 and mileage charges for ground ambulance service providers for
14 medical transportation services provided by means of a ground
15 ambulance to a level not lower than 112% of the base rate in
16 effect as of June 30, 2018.

17 (Source: P.A. 100-587, eff. 6-4-18; 100-646, eff. 7-27-18;
18 101-81, eff. 7-12-19; 101-649, eff. 7-7-20.)

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