

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.

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
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
20 extent 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
7 under 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

1 described in the Emergency Medical Services (EMS) Systems Act
2 that 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
3 its 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
16 already federally mandated.

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

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

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

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

7 (f-7) For non-emergency ground ambulance claims properly
8 denied under Department policy at the time the claim is filed
9 due to failure to submit a valid Medical Certification for
10 Non-Emergency Ambulance on and after December 15, 2012 and
11 prior to January 1, 2021, the Department shall allot
12 \$2,000,000 to a pool to reimburse such claims if the provider
13 proves medical necessity for the service by other means.
14 Providers must submit any such denied claims for which they
15 seek compensation to the Department no later than December 31,
16 2021 along with documentation of medical necessity. No later
17 than May 31, 2022, the Department shall determine for which
18 claims medical necessity was established. Such claims for
19 which medical necessity was established shall be paid at the
20 rate in effect at the time of the service, provided the
21 \$2,000,000 is sufficient to pay at those rates. If the pool is
22 not sufficient, claims shall be paid at a uniform percentage
23 of the applicable rate such that the pool of \$2,000,000 is
24 exhausted. The appeal process described in subsection (f)
25 shall not be applicable to the Department's determinations
26 made in accordance with this subsection.

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

1 certification and may then submit the claim for payment.
2 Acceptable documentation includes a signed return receipt from
3 the U.S. Postal Service, facsimile receipt, email receipt, or
4 other similar service that evidences that the ground ambulance
5 provider, medi-car provider, or service car provider attempted
6 to obtain the required Physician Certification Statement.

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

1 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
2 Certification Statement shall satisfy the obligations of
3 hospitals under Section 6.22 of the Hospital Licensing Act and
4 nursing homes under Section 2-217 of the Nursing Home Care
5 Act. Implementation and acceptance of the Physician
6 Certification Statement shall take place no later than 90 days
7 after the issuance of the Physician Certification Statement by
8 the Department of Healthcare and Family Services.

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

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

25 (h) On and after July 1, 2012, the Department shall reduce
26 any rate of reimbursement for services or other payments or

1 alter any methodologies authorized by this Code to reduce any
2 rate of reimbursement for services or other payments in
3 accordance with Section 5-5e.

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

10 (Source: P.A. 100-587, eff. 6-4-18; 100-646, eff. 7-27-18;
11 101-81, eff. 7-12-19; 101-649, eff. 7-7-20.)

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