

# HB4878



## 103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4878

Introduced 2/7/2024, by Rep. Jackie Haas

### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that notwithstanding any other provision of the Code, subject to federal approval, emergency medical transportation services in cases where services are dispatched and the patient is treated but not transferred to a hospital shall be covered under the medical assistance program at a rate not less than 50% of the base rate in effect as of June 30, 2024 for persons who are otherwise eligible for medical assistance.

LRB103 36654 KTG 66763 b

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

6 (305 ILCS 5/5-4.2)

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, air 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 (c-5) For purposes of this Section, "air ambulance  
19 service" means medical transport by helicopter or airplane for  
20 patients, as defined in 29 U.S.C. 1185f(c)(1), and any service  
21 that is described as an air ambulance service by the federal  
22 Centers for Medicare and Medicaid Services.

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

26 (e) Beginning with services rendered on or after July 1,

1 2008, all providers of non-emergency medi-car and service car  
2 transportation must certify that the driver and employee  
3 attendant, as applicable, have completed a safety program  
4 approved by the Department to protect both the patient and the  
5 driver, prior to transporting a patient. The provider must  
6 maintain this certification in its records. The provider shall  
7 produce such documentation upon demand by the Department or  
8 its representative. Failure to produce documentation of such  
9 training shall result in recovery of any payments made by the  
10 Department for services rendered by a non-certified driver or  
11 employee attendant. Medi-car and service car providers must  
12 maintain legible documentation in their records of the driver  
13 and, as applicable, employee attendant that actually  
14 transported the patient. Providers must recertify all drivers  
15 and employee attendants every 3 years. If they meet the  
16 established training components set forth by the Department,  
17 providers of non-emergency medi-car and service car  
18 transportation that are either directly or through an  
19 affiliated company licensed by the Department of Public Health  
20 shall be approved by the Department to have in-house safety  
21 programs for training their own staff.

22 Notwithstanding the requirements above, any public  
23 transportation provider of medi-car and service car  
24 transportation that receives federal funding under 49 U.S.C.  
25 5307 and 5311 need not certify its drivers and employee  
26 attendants under this Section, since safety training is

1 already federally mandated.

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

1 appeal under this Section shall be a final administrative  
2 decision subject to review under the Administrative Review  
3 Law.

4 (f-5) Beginning 90 days after July 20, 2012 (the effective  
5 date of Public Act 97-842), (i) no denial of a request for  
6 approval for payment of non-emergency transportation by means  
7 of ground ambulance service, and (ii) no approval of  
8 non-emergency transportation by means of ground ambulance  
9 service at a level of service that entitles the ground  
10 ambulance service provider to a lower level of compensation  
11 from the Department than would have been received at the level  
12 of service submitted by the ground ambulance service provider,  
13 may be issued by the Department or its agent unless the  
14 Department has submitted the criteria for determining the  
15 appropriateness of the transport for first notice publication  
16 in the Illinois Register pursuant to Section 5-40 of the  
17 Illinois Administrative Procedure Act.

18 (f-6) Within 90 days after June 2, 2022 (the effective  
19 date of Public Act 102-1037) ~~this amendatory Act of the 102nd~~  
20 ~~General Assembly~~ and subject to federal approval, the  
21 Department shall file rules to allow for the approval of  
22 ground ambulance services when the sole purpose of the  
23 transport is for the navigation of stairs or the assisting or  
24 lifting of a patient at a medical facility or during a medical  
25 appointment in instances where the Department or a contracted  
26 Medicaid managed care organization or their transportation

1 broker is unable to secure transportation through any other  
2 transportation provider.

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

23 (g) Whenever a patient covered by a medical assistance  
24 program under this Code or by another medical program  
25 administered by the Department, including a patient covered  
26 under the State's Medicaid managed care program, is being



1 transported from a facility and requires non-emergency  
2 transportation including ground ambulance, medi-car, or  
3 service car transportation, a Physician Certification  
4 Statement as described in this Section shall be required for  
5 each patient. Facilities shall develop procedures for a  
6 licensed medical professional to provide a written and signed  
7 Physician Certification Statement. The Physician Certification  
8 Statement shall specify the level of transportation services  
9 needed and complete a medical certification establishing the  
10 criteria for approval of non-emergency ambulance  
11 transportation, as published by the Department of Healthcare  
12 and Family Services, that is met by the patient. This  
13 certification shall be completed prior to ordering the  
14 transportation service and prior to patient discharge. The  
15 Physician Certification Statement is not required prior to  
16 transport if a delay in transport can be expected to  
17 negatively affect the patient outcome. If the ground ambulance  
18 provider, medi-car provider, or service car provider is unable  
19 to obtain the required Physician Certification Statement  
20 within 10 calendar days following the date of the service, the  
21 ground ambulance provider, medi-car provider, or service car  
22 provider must document its attempt to obtain the requested  
23 certification and may then submit the claim for payment.  
24 Acceptable documentation includes a signed return receipt from  
25 the U.S. Postal Service, facsimile receipt, email receipt, or  
26 other similar service that evidences that the ground ambulance

1 provider, medi-car provider, or service car provider attempted  
2 to obtain the required Physician Certification Statement.

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

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

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

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

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

26 (i) Subject to federal approval, on and after January 1,

1 2024 through June 30, 2026, the Department shall increase the  
2 base rate of reimbursement for both base charges and mileage  
3 charges for ground ambulance service providers not  
4 participating in the Ground Emergency Medical Transportation  
5 (GEMT) Program for medical transportation services provided by  
6 means of a ground ambulance to a level not lower than 140% of  
7 the base rate in effect as of January 1, 2023.

8 (j) For the purpose of understanding ground ambulance  
9 transportation services cost structures and their impact on  
10 the Medical Assistance Program, the Department shall engage  
11 stakeholders, including, but not limited to, a statewide  
12 association representing private ground ambulance service  
13 providers in Illinois, to develop recommendations for a plan  
14 for the regular collection of cost data for all ground  
15 ambulance transportation providers reimbursed under the  
16 Illinois Title XIX State Plan. Cost data obtained through this  
17 process shall be used to inform on and to ensure the  
18 effectiveness and efficiency of Illinois Medicaid rates. The  
19 Department shall establish a process to limit public  
20 availability of portions of the cost report data determined to  
21 be proprietary. This process shall be concluded and  
22 recommendations shall be provided no later than April 1, 2024.

23 (k) ~~(j)~~ Subject to federal approval, beginning on January  
24 1, 2024, the Department shall increase the base rate of  
25 reimbursement for both base charges and mileage charges for  
26 medical transportation services provided by means of an air

1 ambulance to a level not lower than 50% of the Medicare  
2 ambulance fee schedule rates, by designated Medicare locality,  
3 in effect on January 1, 2023.

4 (1) Notwithstanding any other provision of this Code,  
5 subject to federal approval, emergency medical transportation  
6 services in cases where services are dispatched and the  
7 patient is treated but not transferred to a hospital shall be  
8 covered under the medical assistance program at a rate not  
9 less than 50% of the base rate in effect as of June 30, 2024  
10 for persons who are otherwise eligible for medical assistance  
11 under this Article.

12 (Source: P.A. 102-364, eff. 1-1-22; 102-650, eff. 8-27-21;  
13 102-813, eff. 5-13-22; 102-1037, eff. 6-2-22; 103-102, Article  
14 70, Section 70-5, eff. 1-1-24; 103-102, Article 80, Section  
15 80-5, eff. 1-1-24; revised 12-15-23.)