
HOUSE BILL 2007

State of Washington

64th Legislature

2015 Regular Session

By Representatives Zeiger, Sullivan, Stambaugh, Van De Wege, Riccelli, and Ormsby

Read first time 02/06/15. Referred to Committee on Appropriations.

1 AN ACT Relating to reimbursement to eligible providers for
2 medicaid ground emergency medical transportation services; and adding
3 new sections to chapter 41.05 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05
6 RCW to read as follows:

7 (1) An eligible provider, as described in subsection (2) of this
8 section, must, in addition to the rate of payment that the provider
9 would otherwise receive for medicaid ground emergency medical
10 transportation services, receive supplemental medicaid reimbursement
11 to the extent provided by law.

12 (2) A provider is eligible for supplemental reimbursement only if
13 the provider has all of the following characteristics continuously
14 during a state fiscal year:

15 (a) Provides ground emergency medical transportation services to
16 medicaid beneficiaries:

17 (b) Is a provider that is enrolled as a medicaid provider for the
18 period being claimed;

19 (c) Is owned or operated by the state, a city, county, fire
20 protection district, community services district, health care

1 district, federally recognized Indian tribe or any unit of government
2 as defined in 42 C.F.R. Sec. 433.50;

3 (3) An eligible provider's supplemental reimbursement pursuant to
4 this section must be calculated and paid as follows:

5 (a) The supplemental reimbursement to an eligible provider, as
6 described in subsection (2) of this section, must be equal to the
7 amount of federal financial participation received as a result of the
8 claims submitted pursuant to subsection (6)(b) of this section;

9 (b) In no instance may the amount certified pursuant to
10 subsection (5)(a) of this section, when combined with the amount
11 received from all other sources of reimbursement from the medicaid
12 program, exceed one hundred percent of actual costs, as determined
13 pursuant to the medicaid state plan, for ground emergency medical
14 transportation services;

15 (c) The supplemental medicaid reimbursement provided by this
16 section must be distributed exclusively to eligible providers under a
17 payment methodology based on ground emergency medical transportation
18 services provided to medicaid beneficiaries by eligible providers on
19 a per-transport basis or other federally permissible basis. The
20 authority shall obtain approval from the federal centers for medicare
21 and medicaid services for the payment methodology to be utilized, and
22 may not make any payment pursuant to this section prior to obtaining
23 that approval.

24 (4)(a) It is the legislature's intent in enacting this section to
25 provide the supplemental reimbursement described in this section
26 without any expenditure from the general fund. An eligible provider,
27 as a condition of receiving supplemental reimbursement pursuant to
28 this section, shall enter into, and maintain, an agreement with the
29 authority for the purposes of implementing this section and
30 reimbursing the department for the costs of administering this
31 section.

32 (b) The nonfederal share of the supplemental reimbursement
33 submitted to the federal centers for medicare and medicaid services
34 for purposes of claiming federal financial participation shall be
35 paid only with funds from the governmental entities described in
36 subsection (2)(c) of this section and certified to the state as
37 provided in subsection (5) of this section.

38 (5) Participation in the program by an eligible provider
39 described in this section is voluntary. If an applicable governmental
40 entity elects to seek supplemental reimbursement pursuant to this

1 section on behalf of an eligible provider owned or operated by the
2 entity, as described in subsection (2)(c) of this section, the
3 governmental entity shall do all of the following:

4 (a) Certify, in conformity with the requirements of 42 C.F.R.
5 Sec. 433.51, that the claimed expenditures for the ground emergency
6 medical transportation services are eligible for federal financial
7 participation;

8 (b) Provide evidence supporting the certification as specified by
9 the department;

10 (c) Submit data as specified by the department to determine the
11 appropriate amounts to claim as expenditures qualifying for federal
12 financial participation;

13 (d) Keep, maintain, and have readily retrievable, any records
14 specified by the department to fully disclose reimbursement amounts
15 to which the eligible provider is entitled, and any other records
16 required by the federal centers for medicare and medicaid services.

17 (6) The department shall promptly seek any necessary federal
18 approvals for the implementation of this section. The department may
19 limit the program to those costs that are allowable expenditures
20 under Title XIX of the federal social security act (42 U.S.C. Sec.
21 1396 et seq.). If federal approval is not obtained for implementation
22 of this section, this section may not be implemented.

23 (a) The department shall submit claims for federal financial
24 participation for the expenditures for the services described in
25 subsection (5) of this section that are allowable expenditures under
26 federal law.

27 (b) The department shall, on an annual basis, submit any
28 necessary materials to the federal government to provide assurances
29 that claims for federal financial participation will include only
30 those expenditures that are allowable under federal law.

31 (7) If either a final judicial determination is made by any court
32 of appellate jurisdiction or a final determination is made by the
33 administrator of the federal centers for medicare and medicaid
34 services that the supplemental reimbursement provided for in this
35 section must be made to any provider not described in this section,
36 the director shall execute a declaration stating that the
37 determination has been made and on that date this section becomes
38 inoperative.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05

2 RCW to read as follows:

3 (1) The authority shall design and implement, in consultation
4 with eligible providers as described in subsection (2) of this
5 section, an intergovernmental transfer program relating to medicaid
6 managed care, ground emergency medical transport services including
7 those services provided by emergency medical technicians at the
8 basic, advanced, and paramedic levels in the prestabilization and
9 preparation for transport in order to increase capitation payments
10 for the purpose of increasing reimbursement to eligible providers.

11 (2) A provider is eligible for increased reimbursement pursuant
12 to this section only if the provider meets both of the following
13 conditions in an applicable state fiscal year:

14 (a) Provides ground emergency medical transport services to
15 medicaid managed care enrollees pursuant to a contract or other
16 arrangement with a medicaid managed care plan.

17 (b) Is owned or operated by the state, a city, county, fire
18 protection district, special district, community services district,
19 health care district, federally recognized Indian tribe or unit of
20 government as defined in 42 C.F.R. Sec. 433.50.

21 (3) To the extent intergovernmental transfers are voluntarily
22 made by, and accepted from, an eligible provider described in
23 subsection (2) of this section, or a governmental entity affiliated
24 with an eligible provider, the department shall make increased
25 capitation payments to applicable medicaid managed care plans for
26 covered ground emergency medical transportation services.

27 (a) The increased capitation payments made pursuant to this
28 section must be in amounts at least actuarially equivalent to the
29 supplemental fee-for-service payments available for eligible
30 providers to the extent permissible under federal law.

31 (b) Except as provided in subsection (6) of this section, all
32 funds associated with intergovernmental transfers made and accepted
33 pursuant to this section must be used to fund additional payments to
34 eligible providers.

35 (c) Medicaid managed care plans shall pay one hundred percent of
36 any amount of increased capitation payments made pursuant to this
37 section to eligible providers for providing and making available
38 ground emergency medical transportation and paramedical services
39 pursuant to a contract or other arrangement with a medicaid managed
40 care plan.

1 (4) The intergovernmental transfer program developed pursuant to
2 this section must be implemented on the date federal approval was
3 obtained, and only to the extent intergovernmental transfers from the
4 eligible provider, or the governmental entity with which it is
5 affiliated, are provided for this purpose. To the extent permitted by
6 federal law, the department may implement the intergovernmental
7 transfer program and increased capitation payments pursuant to this
8 section on a retroactive basis as needed.

9 (5) Participation in the intergovernmental transfers under this
10 section is voluntary on the part of the transferring entities for
11 purposes of all applicable federal laws.

12 (6) This section must be implemented without any additional
13 expenditure from the state general fund. As a condition of
14 participation under this section, each eligible provider as described
15 in subsection (2) of this section, or the governmental entity
16 affiliated with an eligible provider, shall agree to reimburse the
17 department for any costs associated with implementing this section.
18 Intergovernmental transfers described in this section are subject to
19 a twenty percent administration fee of the nonfederal share paid to
20 the department and is allowed to count as a cost of providing the
21 services.

22 (7) As a condition of participation under this section, medicaid
23 managed care plans, eligible providers as described in subsection (2)
24 of this section, and governmental entities affiliated with eligible
25 providers shall agree to comply with any requests for information or
26 similar data requirements imposed by the department for purposes of
27 obtaining supporting documentation necessary to claim federal funds
28 or to obtain federal approvals.

29 (8) This section must be implemented only if and to the extent
30 federal financial participation is available and is not otherwise
31 jeopardized, and any necessary federal approvals have been obtained.

32 (9) To the extent that the director determines that the payments
33 made pursuant to this section do not comply with federal medicaid
34 requirements, the director retains the discretion to return or not
35 accept an intergovernmental transfer, and may adjust payments
36 pursuant to this section as necessary to comply with federal medicaid
37 requirements.

1 (10) To the extent federal approval is obtained, the increased
2 capitation payments under this section may commence for dates of
3 service on or after January 1, 2015.

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