
Appropriations Committee

HB 1321

Brief Description: Extending the expiration date of the ambulance transport fund.

Sponsors: Representatives Donaghy, Bronoske, Stonier, Riccelli, Fosse and Ormsby.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Extends the expiration date for the ambulance transport quality assurance fee and ambulance transport fund from July 1, 2024, to July 1, 2028.
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Hearing Date: 1/26/23

Staff: Meghan Morris (786-7119).

Background:

Reimbursement for Ambulance Services.

Under the Medicaid program, the Health Care Authority (HCA) reimburses ground ambulance services for medically necessary ambulance transportation to the closest provider that can meet the client's needs. The HCA covers ground ambulance services for both emergency medical transportation and nonemergency medical transportation for basic life support, advanced life support, and specialty care transport. For nonemergency medical transportation, an ambulance is only reimbursed at the ambulance rate if the client must be transported by stretcher or gurney, or must have medical attention from trained medical professionals en route.

While most Medicaid clients are covered through managed care organizations which limit clients to only seeing health care providers within the managed care organization's network, ambulance services providers are reimbursed through the HCA's fee-for-service program.

Provider Assessments.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Health care provider-related charges such as assessments, fees, or taxes have been used in some states to help fund the costs of the Medicaid program. Under federal rules, these provider-related charges include any mandatory payment where at least 85 percent of the burden falls on health care providers. States collect funds from health care providers and pay them back as Medicaid payments. States use these provider-related payments to claim federal matching funds.

To conform to federal laws, health care provider-related assessments, fees, and taxes must be broad-based, uniform, and in compliance with hold harmless provisions. To be broad-based and uniform, they must be applied to all providers of the same class and be imposed at the same rate to each provider in that class. If a provider-related assessment, fee, or tax is not broad-based or uniform, these provisions may be waived if the assessment, fee, or tax is generally redistributive. The hold harmless provision may not be waived. Additionally, Medicaid payments for these services cannot exceed Medicare reimbursement levels.

Quality Assurance Fee Program.

A quality assurance fee (fee) is imposed upon each ambulance transport provided by certain ambulance transport providers. The fee applies to licensed ambulance transport providers that bill and receive patient care revenue for providing ambulance transports. Ambulance transport providers that are owned or operated by government entities are not subject to the fee.

The HCA determines the fee rate each year. The fee rate is calculated by multiplying the projected total annual gross receipts of all ambulance transport providers subject to the fee by 5.5 percent and dividing its product by the projected total annual ambulance transports by all ambulance transport providers subject to the fee. To assist in calculating the fee, ambulance transport providers subject to the fee must report to the HCA the number of ambulance transports by payer type on a quarterly basis, and the gross receipts from the provision of ambulance transports on an annual basis. Each fiscal quarter, ambulance transport providers subject to the fee must pay the applicable fee based on the ambulance transport provider's number of emergency ambulance transports in the second quarter preceding the state fiscal quarter for which the fee is assessed. Interest and penalties are assessed on unpaid fees and the HCA may deduct the fee from Medicaid reimbursement payments owed to ambulance transport providers subject to the fee.

Fees and interest collected from ambulance transport providers are deposited in the Ambulance Transport Fund (Fund). The Fund is an appropriated account. Money from the Fund pays for the state's administrative costs related to the fee, increased payments to ambulance transport providers subject to the fee, and erroneous or excessive payments made by hospitals. Payments are made from the Fund to ambulance transport providers subject to the fee for Medicaid emergency ambulance services in lieu of State General Fund moneys. Medicaid reimbursement for emergency ambulance transports by ambulance transport providers subject to the fee is increased by applying an add-on payment to the Medicaid fee-for-service payment schedule. The add-on increase must result in a total reimbursement for each emergency ambulance transport that is at least 60 percent of the statewide Medicare rate for an emergency ambulance transport or similar service. The add-on payment may only be funded from the fees and interest

earned on the fees, federal reimbursements, or other related federal funds. The add-on payments may not supplant existing funds for ambulance transports.

The fee program expires July 1, 2024.

Summary of Bill:

The expiration date for the quality assurance fee program and Ambulance Transport Fund is extended from July 1, 2024, to July 1, 2028.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.