

FINAL BILL REPORT

HB 2007

C 147 L 15
Synopsis as Enacted

Brief Description: Concerning reimbursement to eligible providers for medicaid ground emergency medical transportation services.

Sponsors: Representatives Zeiger, Sullivan, Stambaugh, Van De Wege, Riccelli and Ormsby.

House Committee on Appropriations
Senate Committee on Ways & Means

Background:

Medicaid.

Medicaid is a federal-state partnership with programs established in the federal Social Security Act, and implemented at the state level with federal matching funds. Federal law provides a framework for coverage of children, pregnant women, parents, elderly and disabled adults, and other adults with varying income requirements. Medicaid includes coverage for emergency transportation services.

Supplemental Payments and Certified Public Expenditure Programs.

In addition to reimbursement for Medicaid services, states may make supplemental payments to certain providers that are separate from, and in addition to, reimbursements made at standard payment rates. Supplemental payments are eligible for federal matching dollars if aggregate payments to the providers receiving the supplemental payments are less than what Medicare would pay for the same services.

Certified Public Expenditure (CPE) programs allow public providers of medical services to certify their expenses as the non-federal share in order to receive Medicaid matching dollars, which means that the state does not have to contribute the matching share of these expenditures. These CPE programs can be combined with supplemental payments to provide additional funding to public providers without incurring additional state costs.

Managed Care.

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

Managed care is a prepaid, comprehensive system of medical and health care delivery, including preventive, primary, specialty, and ancillary health services through a network of providers. Healthy Options (HO) is the Health Care Authority's (HCA) Medicaid managed care program for low-income people in Washington. Healthy Options offers eligible clients a complete medical benefits package. Medicaid clients that are not enrolled in managed care receive coverage directly from the HCA, which reimburses contracted providers on a fee-for-service basis.

Intergovernmental Transfer Programs.

Intergovernmental transfers (IGT) are transfers of public dollars between governmental entities. Localities and other public entities may transfer their own tax revenues to the state to help fund the state's Medicaid program.

Summary:

Certified Public Expenditure Program for Emergency Ground Transportation.

The Health Care Authority (HCA) must provide supplemental payments for publicly provided Medicaid ground emergency medical transportation (GEMT) services to the extent allowed by law. The supplemental payments, combined with other sources of reimbursement from the HCA, may not exceed the actual costs of providing the services.

The HCA must implement a certified public expenditure (CPE) program to support the supplemental payments. Public GEMT providers receiving the payments must certify their expenses as the non-federal share of the supplemental payments. The Legislature states its intent to provide the supplemental payments without any expenditure from the State General Fund, and providers must agree to reimburse the HCA for the costs of administering the CPE program.

The HCA must seek federal approval for the CPE program and supplemental payments, and the HCA may not implement those changes without federal approval.

The CPE program and supplemental payments are inoperative if an appellate court or the federal Centers for Medicare and Medicaid Services (CMS) makes a final determination that the supplemental payments must be made to any providers other than public GEMT providers.

Participating GEMT providers must provide evidence supporting their certifications and submit data specified by the HCA to determine the appropriate amounts of federal matching dollars to claim. The providers must keep records specified by the HCA to fully disclose reimbursement amounts to which they are entitled and any other records required by the CMS.

Participation in the CPE program is voluntary.

Intergovernmental Transfer Program for Emergency Ground Transportation.

The HCA may design and implement an intergovernmental transfer (IGT) program to support increased payments to managed care systems for public GEMT services. The public GEMT providers must provide the non-federal share for the increased payments. The managed care payments must be at least actuarially equivalent to the supplemental payments provided under the CPE program. Managed care systems must pay all of the increased payments to the participating EMT providers.

The HCA must only implement the IGT program if federal matching dollars are available and if the HCA has received the necessary federal approvals. The HCA may return, refuse to accept, or adjust IGT payments as necessary to comply with federal Medicaid requirements.

The HCA must implement the IGT program on the date that federal approval is obtained, and it may be implemented retroactively to the extent allowed by federal law. If federal approval has been obtained, the HCA may start paying the increased managed care payments for dates of service on or after January 1, 2015.

The HCA may not use State General Fund dollars to implement the IGT program. Participating GEMT providers must agree to reimburse the HCA for implementation costs. The IGT payments are also subject to a 20 percent administration fee on the non-federal share paid to the HCA, which can count as a cost of providing the services.

Managed care systems and participating public GEMT providers must comply with requests for information or data requirements imposed by the HCA for the purposes of claiming federal matching dollars or obtaining federal approvals.

Participating in the IGT program is voluntary.

Votes on Final Passage:

House	88	10
Senate	39	7

Effective: July 24, 2015