HOUSE BILL 1980

State of Washington 68th Legislature 2024 Regular Session

By Representatives Reed, Pollet, Berry, Macri, and Street

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- AN ACT Relating to ground emergency medical transportation
- 2 services; and amending RCW 41.05.730.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 41.05.730 and 2015 c 147 s 1 are each amended to 5 read as follows:
- 6 (1) An eligible provider, as described in subsection (2) of this
 7 section, must, in addition to the rate of payment that the provider
 8 would otherwise receive for medicaid ground emergency medical
 9 transportation services, receive supplemental medicaid reimbursement
 10 to the extent provided by law.
- 11 (2) A provider is eligible for supplemental reimbursement only if 12 the provider has all of the following characteristics continuously 13 during a state fiscal year:
- 14 (a) Provides ground emergency medical transportation services to medicaid beneficiaries $((\div))$;
- 16 (b) Is a provider that is enrolled as a medicaid provider for the period being claimed; and
- 18 (c) Is owned or operated by the state, a city, county, fire 19 protection district, community services district, health care 20 district, federally recognized Indian tribe or any unit of government 21 as defined in 42 C.F.R. Sec. $433.50((\div))$.

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(3) Eligible public providers may contract with a private provider for the provision of medicaid ground emergency medical transportation services. The eligible public provider may only claim supplemental reimbursement under this program for private provider contract costs attributed to providing ground emergency medical transportation services to medicaid beneficiaries, billing costs, and the public provider's overhead costs allocated to the ground emergency medical transportation services program, as allowed by state plan amendment (SPA) 16-005, dated July 11, 2017. The eligible public provider may not claim supplemental reimbursement for any other cost incurred by the contracted private provider.

- (4) An eligible provider's supplemental reimbursement pursuant to this section must be calculated and paid as follows:
- (a) The supplemental reimbursement to an eligible provider, as described in subsection (2) of this section, must be equal to the amount of federal financial participation received as a result of the claims submitted pursuant to subsection (((6))) (7) (b) of this section;
- (b) In no instance may the amount certified pursuant to subsection $((\frac{(5)}{(5)}))$ (6) (a) of this section, when combined with the amount received from all other sources of reimbursement from the medicaid program, exceed one hundred percent of actual costs, as determined pursuant to the medicaid state plan, for ground emergency medical transportation services;
- (c) The supplemental medicaid reimbursement provided by this section must be distributed exclusively to eligible providers under a payment methodology based on ground emergency medical transportation services provided to medicaid beneficiaries by eligible providers on a per-transport basis or other federally permissible basis. The authority shall obtain approval from the federal centers for medicare and medicaid services for the payment methodology to be utilized, and may not make any payment pursuant to this section prior to obtaining that approval.
- ((4+)) (5)(a) It is the legislature's intent in enacting this section to provide the supplemental reimbursement described in this section without any expenditure from the general fund. An eligible provider, as a condition of receiving supplemental reimbursement pursuant to this section, shall enter into, and maintain, an agreement with the authority for the purposes of implementing this

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section and reimbursing the ((department)) authority for the costs of administering this section.

- (b) The nonfederal share of the supplemental reimbursement submitted to the federal centers for medicare and medicaid services for purposes of claiming federal financial participation shall be paid only with funds from the governmental entities described in subsection (2)(c) of this section and certified to the state as provided in subsection ((-(5))) (6) of this section.
- ((+5)) (6) Participation in the program by an eligible provider described in this section is voluntary. If an applicable governmental entity elects to seek supplemental reimbursement pursuant to this section on behalf of an eligible provider owned or operated by the entity, as described in subsections (2)(c) and (3) of this section, the governmental entity shall do all of the following:
- (a) Certify, in conformity with the requirements of 42 C.F.R. Sec. 433.51, that the claimed expenditures for the ground emergency medical transportation services are eligible for federal financial participation;
- (b) Provide evidence supporting the certification as specified by
 the ((department)) authority;
- (c) Submit data as specified by the ((department)) <u>authority</u> to determine the appropriate amounts to claim as expenditures qualifying for federal financial participation;
- (d) Keep, maintain, and have readily retrievable, any records specified by the ((department)) authority to fully disclose reimbursement amounts to which the eligible provider is entitled, and any other records required by the federal centers for medicare and medicaid services.
- ((\(\frac{(++)}{(++)}\)) (7) The ((\(\frac{department}{department}\)) authority shall promptly seek any necessary federal approvals for the implementation of this section. The ((\(\frac{department}{department}\)) authority may limit the program to those costs that are allowable expenditures under Title XIX of the federal social security act (42 U.S.C. Sec. 1396 et seq.). If federal approval is not obtained for implementation of this section, this section may not be implemented.
- 36 (a) The ((department)) authority shall submit claims for federal 37 financial participation for the expenditures for the services 38 described in subsection (((5))) (6) of this section that are 39 allowable expenditures under federal law.

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1 (b) The ((department)) authority shall, on an annual basis, submit any necessary materials to the federal government to provide 2 assurances that claims for federal financial participation will 3 include only those expenditures that are allowable under federal law. 4 $((\frac{7}{1}))$ (8) If either a final judicial determination is made by 5 6 any court of appellate jurisdiction or a final determination is made by the administrator of the federal centers for medicare and medicaid 7 services that the supplemental reimbursement provided for in this 8 section must be made to any provider not described in this section, 9 director shall execute a declaration stating that 10 determination has been made and on that date this section becomes 11 12 inoperative.

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