
Appropriations Committee

SB 5840

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

Sponsors: Senators Dammeier, Rolfes, Braun and Keiser.

Brief Summary of Bill

- Requires the Health Care Authority (HCA) to implement a certified public expenditure program to fund supplemental payments for public ground emergency transportation (EMT) providers.
- Requires the HCA to implement an intergovernmental transfer program to fund increased managed care payments for public ground EMT services.

Hearing Date: 3/23/15

Staff: Erik Cornellier (786-7116).

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 can 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.

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.

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.

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 of Bill:

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 (EMT) 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 will implement a certified public expenditure (CPE) program to support the supplemental payments. Public EMT providers receiving the payments must certify their expenses as the non-federal share of the supplemental payments. The Legislature intends 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.

Appropriation: None.

Fiscal Note: Available.

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