

SENATE BILL REPORT

HB 2007

As of March 23, 2015

Title: An act relating to reimbursement to eligible providers for medicaid ground emergency medical transportation services.

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.

Brief History: Passed House: 3/04/15, 88-10.

Committee Activity: Ways & Means: 3/24/15.

SENATE COMMITTEE ON WAYS & MEANS

Staff: Sandy Stith (786-7710)

Background: The Health Care Authority (HCA) currently reimburses providers for emergency medical transportation on both a fee-for-service basis and through its managed care plans.

Providers are reimbursed for emergency medical transportation for ambulance transportation during which the client receives needed emergency medical services en route to an appropriate medical facility. This includes ambulance transportation between facilities. Services rendered may include either basic or advanced life support services. Providers are also reimbursed for mileage and tolls or fees, such as parking, that are incurred during the transport of the client.

Nonemergency transportation is reimbursed when the client requires one of the following:

- must be transported by stretcher or gurney for medical safety reasons; or
- must have medical attention from trained medical personnel available en route.

Summary of Bill: A supplemental payment program is created for government owned or operated providers that provide emergency ground transportation services to Medicaid beneficiaries.

For services provided to clients that are paid on a fee-for-service basis, eligible participating providers may receive a supplemental payment through certified public expenditure. The

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total payment is equal to the provider's allowable cost. The nonfederal share of the supplemental payment is certified by the provider, which allows HCA to draw down the federal matching funds and pass these on to the provider.

For services provided to clients that are paid through managed care contracts, increased payments will be made through managed care contracts in amounts that are actuarially equivalent to the supplemental payments received within fee-for-service. The nonfederal share of the increased payment is received by the state through intergovernmental transfer (IGT) from participating providers. This amount is then combined with the federal share and returned to providers through the managed care plans capitation payment process in the form of increased payments for these services. Managed care plans must pay 100 percent of increased capitation payments related to this program to eligible providers. IGTs are subject to a 20 percent administration fee of the nonfederal share paid to HCA as the cost of administering the program.

There is no expenditure from the general fund required to finance this program.

Participation in this program by eligible providers is voluntary.

HCA must promptly seek federal approval upon passage of this legislation.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.