LEGISLATIVE BILL 578

Introduced by McDonnell, 5.

Read first time January 18, 2017

Committee: Health and Human Services

1  A BILL FOR AN ACT relating to medicaid; to define terms; to provide for
2  supplemental reimbursement and intergovernmental transfers relating
3  to providers of ground emergency medical transportation as
4  prescribed.

5  Be it enacted by the people of the State of Nebraska,
Section 1. For purposes of sections 1 to 3 of this act:

(1) Department means the Department of Health and Human Services; and

(2) Division means the Division of Medicaid and Long-Term Care of the department.

Sec. 2. (1) An eligible provider as described in subsection (2) of this section shall, in addition to the rate of payment that the provider would otherwise receive for medicaid ground emergency medical transportation services, receive supplemental medicaid reimbursement pursuant to this section.

(2) A provider is eligible for supplemental reimbursement only if the provider has all of the following characteristics continuously during a fiscal year:

(a) Provides ground emergency medical transportation services to medicaid beneficiaries;

(b) Is enrolled as a medicaid provider for the period being claimed; and

(c) Is owned or operated by the state or a city, county, rural or suburban fire protection district, hospital district, federally recognized Indian tribe, or other unit of government.

(3) An eligible provider's supplemental reimbursement pursuant to this section shall be calculated and paid as follows:

(a) The supplemental reimbursement shall equal the amount of federal financial participation received as a result of the claims submitted pursuant to this section;

(b) In no instance may the amount certified pursuant to subdivision (5)(a) of this section, when combined with the amount received from all other sources of reimbursement from the medical assistance program established pursuant to section 68-903, exceed one hundred percent of actual costs, as determined pursuant to the medicaid state plan as defined in section 68-907, for ground emergency medical transportation services.
services; and

(c) The supplemental reimbursement shall be distributed exclusively to eligible providers under a payment method 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 division shall obtain approval from the federal Centers for Medicare and Medicaid Services for the payment method to be used and shall not make any payment pursuant to this section prior to obtaining such approval.

(4)(a) It is the intent of the Legislature to provide the supplemental reimbursement described in this section without any expenditure from the General Fund. An eligible provider, as a condition of receiving such supplemental reimbursement, shall enter into and maintain an agreement with the division for purposes of implementing this section and reimbursing the department 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 subdivision (2)(c) of this section and certified to the division as provided in subsection (5) of this section.

(5) Participation in the supplemental reimbursement program by an eligible provider is voluntary. If a governmental entity elects to seek supplemental reimbursement pursuant to this section on behalf of an eligible provider owned or operated by the entity, the governmental entity shall:

(a) Certify, in conformity with the requirements of 42 C.F.R. 433.51, that the claimed expenditures for ground emergency medical transportation services are eligible for federal financial participation;

(b) Provide evidence supporting the certification as specified by
the division;

(c) Submit data as specified by the division to determine the appropriate amounts to claim as expenditures qualifying for federal financial participation; and

(d) Keep, maintain, and have readily retrievable any records specified by the division 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.

(6)(a) The division shall promptly seek any necessary federal approval for implementation of this section. The division may limit the program to those costs that are allowable expenditures under Title XIX of the federal Social Security Act, 42 U.S.C. 1396 et seq., as such act and sections existed on January 1, 2017. Without such federal approval, this section may not be implemented.

(b) The department shall submit claims for federal financial participation for the expenditures for the services described in subsection (5) of this section that are allowable expenditures under federal law.

(c) The division shall annually submit any necessary materials to the federal government to provide assurances that claims for federal financial participation will include only those expenditures that are allowable under federal law.

(7) If either a final judicial determination is made by any court of appellate jurisdiction or a final determination is made by the administrator of the federal Centers for Medicare and Medicaid Services that the supplemental reimbursement provided for in this section shall be made to any provider not described in this section, the Director of Medicaid and Long-Term Care of the division shall execute a declaration stating that the determination has been made and such supplemental reimbursement becomes inoperative on the date of such determination.
consultation with eligible providers as described in subsection (2) of this section, an intergovernmental transfer program relating to medicaid managed care ground emergency medical transport services, including those services provided by emergency medical technicians at the basic, advanced, and paramedic levels in prestabilization and preparation for transport, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers.

(2) A provider is eligible for increased reimbursement pursuant to this section only if the provider meets both of the following conditions in an applicable fiscal year:

(a) Provides ground emergency medical transport services to medicaid managed care enrollees pursuant to a contract or other arrangement with a medicaid managed care plan; and

(b) Is owned or operated by the state, a city, county, rural or suburban fire protection district, hospital district, federally recognized Indian tribe, or other unit of government.

(3)(a) To the extent intergovernmental transfers are voluntarily made by, and accepted from, an eligible provider described in subsection (2) of this section or a governmental entity affiliated with an eligible provider, the department shall make increased capitation payments to applicable medicaid managed care plans for covered ground emergency medical transportation services.

(b) The increased capitation payments made pursuant to this section shall be in amounts at least actuarially equivalent to the supplemental fee-for-service payments available for eligible providers to the extent permissible under federal law.

(c) Except as provided in subsection (6) of this section, all funds associated with intergovernmental transfers made and accepted pursuant to this section shall be used to fund additional payments to eligible providers.

(d) Medicaid managed care plans shall pay one hundred percent of any
amount of increased capitation payments made pursuant to this section to
eligible providers for providing and making available ground emergency
medical transportation and paramedical services pursuant to a contract or
other arrangement with a medicaid managed care plan.

(4) The intergovernmental transfer program developed pursuant to
this section shall be implemented on the date federal approval is
obtained and only to the extent intergovernmental transfers from the
eligible provider or the governmental entity with which it is affiliated
are provided for this purpose. To the extent permitted by federal law,
the department may implement the intergovernmental transfer program and
increased capitation payments pursuant to this section on a retroactive
basis as needed.

(5) Participation in intergovernmental transfers under this section
is voluntary on the part of the transferring entities for purposes of all
applicable federal laws.

(6) The intergovernmental transfer program shall be implemented
without any additional expenditure from the General Fund. As a condition
of participation under this section, each eligible provider or the
governmental entity affiliated with an eligible provider shall agree to
reimburse the department for any costs associated with implementing such
program. Intergovernmental transfers described in this section are
subject to a twenty percent administration fee of the nonfederal share
paid to the department and are allowed to count as a cost of providing
the services.

(7) As a condition of participation under this section, medicaid
managed care plans, eligible providers, and governmental entities
affiliated with eligible providers shall agree to comply with any
requests for information or similar data requirements imposed by the
department for purposes of obtaining supporting documentation necessary
to claim federal funds or to obtain federal approval.

(8) This section shall be implemented only if and to the extent
federal financial participation is available and is not otherwise jeopardized and any necessary federal approval has been obtained.

(9) To the extent that the chief executive officer of the department determines that the payments made pursuant to this section do not comply with federal medicaid requirements, the chief executive officer may return or not accept an intergovernmental transfer and may adjust payments pursuant to this section as necessary to comply with federal medicaid requirements.

(10) To the extent federal approval is obtained, the increased capitation payments under this section may commence for dates of service on or after January 1, 2018.