

AMENDMENTS TO LB578

Introduced by Health and Human Services.

1 1. Strike the original sections and insert the following new
2 sections:

3 Section 1. Section 68-901, Revised Statutes Cumulative Supplement,
4 2016, is amended to read:

5 68-901 Sections 68-901 to 68-976 and sections 2 to 13 of this act
6 shall be known and may be cited as the Medical Assistance Act.

7 Sec. 2. Sections 2 to 13 of this act shall be known and may be
8 cited as the Ground Emergency Medical Transport Act.

9 Sec. 3. For purposes of the Ground Emergency Medical Transport Act:

10 (1) Advanced life support means special services designed to provide
11 definitive prehospital emergency medical care, including, but not limited
12 to, cardiopulmonary resuscitation, cardiac monitoring, cardiac
13 defibrillation, advanced airway management, intravenous therapy,
14 administration with drugs and other medicinal preparations, and other
15 specified techniques and procedures;

16 (2) Basic life support means emergency first aid and cardiopulmonary
17 resuscitation procedures to maintain life without invasive techniques;

18 (3) Dry run means ground emergency medical transport services
19 provided by an eligible ground emergency medical transport services
20 provider to an individual who is released on the scene without
21 transportation by ambulance to a medical facility;

22 (4) Ground emergency medical transport means the act of transporting
23 an individual from any point of origin to the nearest medical facility
24 capable of meeting the emergency medical needs of the patient, including
25 dry runs;

26 (5) Ground emergency medical transport services means advanced life
27 support, limited advanced life support, and basic life support services

1 provided to an individual by ground emergency medical transport services
2 providers before or during ground emergency medical transport;

3 (6) Limited advanced life support means special services to provide
4 prehospital emergency medical care limited to techniques and procedures
5 that exceed basic life support but are less than advanced life support
6 services; and

7 (7) Medical transport means transportation to secure medical
8 examinations and treatment for an individual.

9 Sec. 4. It is the intent of the Legislature that no General Funds
10 be used in carrying out the Ground Emergency Medical Transport Act.

11 Sec. 5. An eligible provider as described in section 6 of this act
12 shall, in addition to the rate of payment that the provider would
13 otherwise receive for medicaid ground emergency medical transport
14 services, receive supplemental reimbursement pursuant to the Ground
15 Emergency Medical Transport Act.

16 Sec. 6. Participation in the supplemental reimbursement program by
17 an eligible provider is voluntary. A provider is eligible for
18 supplemental reimbursement only if the provider has all of the following
19 characteristics continuously during a fiscal year of the state:

20 (1) Provides ground emergency medical transport services to medicaid
21 beneficiaries;

22 (2) Is enrolled as a medicaid provider for the period being claimed;

23 (3) Is owned or operated by the state or a city, county, rural or
24 suburban fire protection district, hospital district, federally
25 recognized Indian tribe, or another unit of government; and

26 (4) Participates in the intergovernmental transfer program created
27 pursuant to section 8 of this act.

28 Sec. 7. (1) An eligible provider's supplemental reimbursement
29 pursuant to the Ground Emergency Medical Transport Act shall be
30 calculated and paid as follows:

31 (a) The supplemental reimbursement shall equal the amount of federal

1 financial participation received as a result of the claims submitted
2 pursuant to the act; and

3 (b) In no instance may the amount certified pursuant to section 10
4 of this act, when combined with the amount received from all other
5 sources of reimbursement from the medical assistance program, exceed one
6 hundred percent of actual costs, as determined pursuant to the medicaid
7 state plan, for ground emergency medical transport services.

8 (2) The supplemental reimbursement shall be distributed exclusively
9 to eligible providers under a payment method based on ground emergency
10 medical transport services provided to medicaid beneficiaries by eligible
11 providers on a per-transport basis or other federally permissible basis.

12 Sec. 8. (1) The department shall design and implement, in
13 consultation with eligible providers as described in section 6 of this
14 act, an intergovernmental transfer program relating to medicaid managed
15 care ground emergency medical transport services, including services
16 provided by emergency medical technicians at the basic, advanced, and
17 paramedic levels in prestabilization and preparation for transport, in
18 order to increase capitation payments for the purpose of increasing
19 reimbursement to eligible providers.

20 (2)(a) To the extent intergovernmental transfers are voluntarily
21 made by, and accepted from, an eligible provider described in section 6
22 of this act or a governmental entity affiliated with an eligible
23 provider, the department shall make increased capitation payments to
24 applicable medicaid managed care plans.

25 (b) The increased capitation payments made pursuant to this section
26 shall be in actuarially determined amounts at least to the extent
27 permissible under federal law.

28 (c) Except as provided in subsection (6) of this section, all funds
29 associated with intergovernmental transfers made and accepted pursuant to
30 this section shall be used to fund additional payments to medicaid
31 managed care plans.

1 (d) Medicaid managed care plans shall enter into contracts or
2 contract amendments with providers for the disbursement of any amount of
3 increased capitation payments made pursuant to this section.

4 (3) The intergovernmental transfer program developed pursuant to
5 this section shall be implemented on the date federal approval is
6 obtained and only to the extent intergovernmental transfers from the
7 eligible provider or the governmental entity with which it is affiliated
8 are provided for this purpose.

9 (4) To the extent permitted by federal law, the department may
10 implement the intergovernmental transfer program and increased capitation
11 payments pursuant to this section retroactive to the date that the state
12 plan amendment is submitted to the Centers for Medicare and Medicaid
13 Services of the United States Department of Health and Human Services
14 pursuant to section 11 of this act.

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

18 (6)(a) As a condition of participation under this section, each
19 eligible provider or the governmental entity affiliated with an eligible
20 provider shall agree to reimburse the department for any costs associated
21 with implementing such program.

22 (b) Intergovernmental transfers described in this section are
23 subject to a twenty percent administration fee of the nonfederal share
24 paid to the department and are allowed to count as a cost of providing
25 the services.

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

1 Sec. 9. (1) An eligible provider, as a condition of receiving
2 supplemental reimbursement, shall enter into and maintain an agreement
3 with the department for purposes of implementing the Ground Emergency
4 Medical Transport Act and reimbursing the department for the costs of
5 administering the act.

6 (2) The nonfederal share of the supplemental reimbursement submitted
7 to the federal Centers for Medicare and Medicaid Services for purposes of
8 claiming federal financial participation shall be paid only with funds
9 from the governmental entities described in subdivision (3) of section 6
10 of this act and certified to the department as provided in section 10 of
11 this act.

12 Sec. 10. If a governmental entity elects to seek supplemental
13 reimbursement pursuant to the Ground Emergency Medical Transport Act on
14 behalf of an eligible provider owned or operated by the entity, the
15 governmental entity shall:

16 (1) Certify, in conformity with the requirements of 42 C.F.R.
17 433.51, that the claimed expenditures for ground emergency medical
18 transport services are eligible for federal financial participation;

19 (2) Provide evidence supporting the certification as specified by
20 the department;

21 (3) Submit data as specified by the department to determine the
22 appropriate amounts to claim as expenditures qualifying for federal
23 financial participation; and

24 (4) Keep, maintain, and have readily retrievable any records
25 specified by the department to fully disclose reimbursement amounts to
26 which the eligible provider is entitled and any other records required by
27 the federal Centers for Medicare and Medicaid Services.

28 Sec. 11. (1) On or before January 1, 2018, the department shall
29 submit an application to the Centers for Medicare and Medicaid Services
30 of the United States Department of Health and Human Services amending the
31 medicaid state plan to provide for the supplemental reimbursement rate

1 for ground emergency medical transport services as specified in the
2 Ground Emergency Medical Transport Act.

3 (2) The department may limit the program to those costs that are
4 allowable expenditures under Title XIX of the federal Social Security
5 Act, 42 U.S.C. 1396 et seq., as such act and sections existed on April 1,
6 2017. Without such federal approval, the Ground Emergency Medical
7 Transport Act may not be implemented.

8 (3) The intergovernmental transfer program authorized in section 8
9 of this act shall be implemented only if and to the extent federal
10 financial participation is available and is not otherwise jeopardized and
11 any necessary federal approval has been obtained.

12 (4) To the extent that the chief executive officer of the department
13 determines that the payments made pursuant to section 8 of this act do
14 not comply with federal medicaid requirements, the chief executive
15 officer may return or not accept an intergovernmental transfer and may
16 adjust payments as necessary to comply with federal medicaid
17 requirements.

18 Sec. 12. (1) The department shall submit claims for federal
19 financial participation for the expenditures for the services described
20 in section 11 of this act that are allowable expenditures under federal
21 law.

22 (2) The department shall annually submit any necessary materials to
23 the federal government to provide assurances that claims for federal
24 financial participation will include only those expenditures that are
25 allowable under federal law.

26 (3) If either a final judicial determination is made by any court of
27 appellate jurisdiction or a final determination is made by the
28 administrator of the federal Centers for Medicare and Medicaid Services
29 that the supplemental reimbursement provided for in the act shall be made
30 to any provider not described in this section, the chief executive
31 officer of the department shall execute a declaration stating that the

1 determination has been made and such supplemental reimbursement becomes
2 inoperative on the date of such determination.

3 Sec. 13. To the extent federal approval is obtained, the increased
4 capitation payments under section 8 of this act may commence for dates of
5 service on or after January 1, 2018.

6 Sec. 14. Original section 68-901, Revised Statutes Cumulative
7 Supplement, 2016, is repealed.