



Rep. Jay Hoffman

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1 AMENDMENT TO HOUSE BILL 2457

2 AMENDMENT NO. _____. Amend House Bill 2457 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-4.2 as follows:

6 (305 ILCS 5/5-4.2)

7 Sec. 5-4.2. Ambulance services payments.

8 (a) For ambulance services provided to a recipient of aid
9 under this Article on or after January 1, 1993, the Illinois
10 Department shall reimburse ambulance service providers at
11 rates calculated in accordance with this Section. It is the
12 intent of the General Assembly to provide adequate
13 reimbursement for ambulance services so as to ensure adequate
14 access to services for recipients of aid under this Article
15 and to provide appropriate incentives to ambulance service
16 providers to provide services in an efficient and

1 cost-effective manner. Thus, it is the intent of the General
2 Assembly that the Illinois Department implement a
3 reimbursement system for ambulance services that, to the
4 extent practicable and subject to the availability of funds
5 appropriated by the General Assembly for this purpose, is
6 consistent with the payment principles of Medicare. To ensure
7 uniformity between the payment principles of Medicare and
8 Medicaid, the Illinois Department shall follow, to the extent
9 necessary and practicable and subject to the availability of
10 funds appropriated by the General Assembly for this purpose,
11 the statutes, laws, regulations, policies, procedures,
12 principles, definitions, guidelines, and manuals used to
13 determine the amounts paid to ambulance service providers
14 under Title XVIII of the Social Security Act (Medicare).

15 (b) For ambulance services provided to a recipient of aid
16 under this Article on or after January 1, 1996, the Illinois
17 Department shall reimburse ambulance service providers based
18 upon the actual distance traveled if a natural disaster,
19 weather conditions, road repairs, or traffic congestion
20 necessitates the use of a route other than the most direct
21 route.

22 (c) For purposes of this Section, "ambulance services"
23 includes medical transportation services provided by means of
24 an ambulance, air ambulance, medi-car, service car, or taxi.

25 (c-1) For purposes of this Section, "ground ambulance
26 service" means medical transportation services that are

1 described as ground ambulance services by the Centers for
2 Medicare and Medicaid Services and provided in a vehicle that
3 is licensed as an ambulance by the Illinois Department of
4 Public Health pursuant to the Emergency Medical Services (EMS)
5 Systems Act.

6 (c-2) For purposes of this Section, "ground ambulance
7 service provider" means a vehicle service provider as
8 described in the Emergency Medical Services (EMS) Systems Act
9 that operates licensed ambulances for the purpose of providing
10 emergency ambulance services, or non-emergency ambulance
11 services, or both. For purposes of this Section, this includes
12 both ambulance providers and ambulance suppliers as described
13 by the Centers for Medicare and Medicaid Services.

14 (c-3) For purposes of this Section, "medi-car" means
15 transportation services provided to a patient who is confined
16 to a wheelchair and requires the use of a hydraulic or electric
17 lift or ramp and wheelchair lockdown when the patient's
18 condition does not require medical observation, medical
19 supervision, medical equipment, the administration of
20 medications, or the administration of oxygen.

21 (c-4) For purposes of this Section, "service car" means
22 transportation services provided to a patient by a passenger
23 vehicle where that patient does not require the specialized
24 modes described in subsection (c-1) or (c-3).

25 (c-5) For purposes of this Section, "air ambulance
26 service" means medical transport by helicopter or airplane for

1 patients, as defined in 29 U.S.C. 1185f(c) (1), and any service
2 that is described as an air ambulance service by the federal
3 Centers for Medicare and Medicaid Services.

4 (d) This Section does not prohibit separate billing by
5 ambulance service providers for oxygen furnished while
6 providing advanced life support services.

7 (e) Beginning with services rendered on or after July 1,
8 2008, all providers of non-emergency medi-car and service car
9 transportation must certify that the driver and employee
10 attendant, as applicable, have completed a safety program
11 approved by the Department to protect both the patient and the
12 driver, prior to transporting a patient. The provider must
13 maintain this certification in its records. The provider shall
14 produce such documentation upon demand by the Department or
15 its representative. Failure to produce documentation of such
16 training shall result in recovery of any payments made by the
17 Department for services rendered by a non-certified driver or
18 employee attendant. Medi-car and service car providers must
19 maintain legible documentation in their records of the driver
20 and, as applicable, employee attendant that actually
21 transported the patient. Providers must recertify all drivers
22 and employee attendants every 3 years. If they meet the
23 established training components set forth by the Department,
24 providers of non-emergency medi-car and service car
25 transportation that are either directly or through an
26 affiliated company licensed by the Department of Public Health

1 shall be approved by the Department to have in-house safety
2 programs for training their own staff.

3 Notwithstanding the requirements above, any public
4 transportation provider of medi-car and service car
5 transportation that receives federal funding under 49 U.S.C.
6 5307 and 5311 need not certify its drivers and employee
7 attendants under this Section, since safety training is
8 already federally mandated.

9 (f) With respect to any policy or program administered by
10 the Department or its agent regarding approval of
11 non-emergency medical transportation by ground ambulance
12 service providers, including, but not limited to, the
13 Non-Emergency Transportation Services Prior Approval Program
14 (NETSPAP), the Department shall establish by rule a process by
15 which ground ambulance service providers of non-emergency
16 medical transportation may appeal any decision by the
17 Department or its agent for which no denial was received prior
18 to the time of transport that either (i) denies a request for
19 approval for payment of non-emergency transportation by means
20 of ground ambulance service or (ii) grants a request for
21 approval of non-emergency transportation by means of ground
22 ambulance service at a level of service that entitles the
23 ground ambulance service provider to a lower level of
24 compensation from the Department than the ground ambulance
25 service provider would have received as compensation for the
26 level of service requested. The rule shall be filed by

1 December 15, 2012 and shall provide that, for any decision
2 rendered by the Department or its agent on or after the date
3 the rule takes effect, the ground ambulance service provider
4 shall have 60 days from the date the decision is received to
5 file an appeal. The rule established by the Department shall
6 be, insofar as is practical, consistent with the Illinois
7 Administrative Procedure Act. The Director's decision on an
8 appeal under this Section shall be a final administrative
9 decision subject to review under the Administrative Review
10 Law.

11 (f-5) Beginning 90 days after July 20, 2012 (the effective
12 date of Public Act 97-842), (i) no denial of a request for
13 approval for payment of non-emergency transportation by means
14 of ground ambulance service, and (ii) no approval of
15 non-emergency transportation by means of ground ambulance
16 service at a level of service that entitles the ground
17 ambulance service provider to a lower level of compensation
18 from the Department than would have been received at the level
19 of service submitted by the ground ambulance service provider,
20 may be issued by the Department or its agent unless the
21 Department has submitted the criteria for determining the
22 appropriateness of the transport for first notice publication
23 in the Illinois Register pursuant to Section 5-40 of the
24 Illinois Administrative Procedure Act.

25 (f-6) Within 90 days after June 2, 2022 (the effective
26 date of Public Act 102-1037) and subject to federal approval,

1 the Department shall file rules to allow for the approval of
2 ground ambulance services when the sole purpose of the
3 transport is for the navigation of stairs or the assisting or
4 lifting of a patient at a medical facility or during a medical
5 appointment in instances where the Department or a contracted
6 Medicaid managed care organization or their transportation
7 broker is unable to secure transportation through any other
8 transportation provider.

9 (f-7) For non-emergency ground ambulance claims properly
10 denied under Department policy at the time the claim is filed
11 due to failure to submit a valid Medical Certification for
12 Non-Emergency Ambulance on and after December 15, 2012 and
13 prior to January 1, 2021, the Department shall allot
14 \$2,000,000 to a pool to reimburse such claims if the provider
15 proves medical necessity for the service by other means.
16 Providers must submit any such denied claims for which they
17 seek compensation to the Department no later than December 31,
18 2021 along with documentation of medical necessity. No later
19 than May 31, 2022, the Department shall determine for which
20 claims medical necessity was established. Such claims for
21 which medical necessity was established shall be paid at the
22 rate in effect at the time of the service, provided the
23 \$2,000,000 is sufficient to pay at those rates. If the pool is
24 not sufficient, claims shall be paid at a uniform percentage
25 of the applicable rate such that the pool of \$2,000,000 is
26 exhausted. The appeal process described in subsection (f)

1 shall not be applicable to the Department's determinations
2 made in accordance with this subsection.

3 (g) Whenever a patient covered by a medical assistance
4 program under this Code or by another medical program
5 administered by the Department, including a patient covered
6 under the State's Medicaid managed care program, is being
7 transported from a facility and requires non-emergency
8 transportation including ground ambulance, medi-car, or
9 service car transportation, a Physician Certification
10 Statement as described in this Section shall be required for
11 each patient. Facilities shall develop procedures for a
12 licensed medical professional to provide a written and signed
13 Physician Certification Statement. The Physician Certification
14 Statement shall specify the level of transportation services
15 needed and complete a medical certification establishing the
16 criteria for approval of non-emergency ambulance
17 transportation, as published by the Department of Healthcare
18 and Family Services, that is met by the patient. This
19 certification shall be completed prior to ordering the
20 transportation service and prior to patient discharge. The
21 Physician Certification Statement is not required prior to
22 transport if a delay in transport can be expected to
23 negatively affect the patient outcome. If the ground ambulance
24 provider, medi-car provider, or service car provider is unable
25 to obtain the required Physician Certification Statement
26 within 10 calendar days following the date of the service, the

1 ground ambulance provider, medi-car provider, or service car
2 provider must document its attempt to obtain the requested
3 certification and may then submit the claim for payment.
4 Acceptable documentation includes a signed return receipt from
5 the U.S. Postal Service, facsimile receipt, email receipt, or
6 other similar service that evidences that the ground ambulance
7 provider, medi-car provider, or service car provider attempted
8 to obtain the required Physician Certification Statement.

9 The medical certification specifying the level and type of
10 non-emergency transportation needed shall be in the form of
11 the Physician Certification Statement on a standardized form
12 prescribed by the Department of Healthcare and Family
13 Services. Within 75 days after July 27, 2018 (the effective
14 date of Public Act 100-646), the Department of Healthcare and
15 Family Services shall develop a standardized form of the
16 Physician Certification Statement specifying the level and
17 type of transportation services needed in consultation with
18 the Department of Public Health, Medicaid managed care
19 organizations, a statewide association representing ambulance
20 providers, a statewide association representing hospitals, 3
21 statewide associations representing nursing homes, and other
22 stakeholders. The Physician Certification Statement shall
23 include, but is not limited to, the criteria necessary to
24 demonstrate medical necessity for the level of transport
25 needed as required by (i) the Department of Healthcare and
26 Family Services and (ii) the federal Centers for Medicare and

1 Medicaid Services as outlined in the Centers for Medicare and
2 Medicaid Services' Medicare Benefit Policy Manual, Pub.
3 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
4 Certification Statement shall satisfy the obligations of
5 hospitals under Section 6.22 of the Hospital Licensing Act and
6 nursing homes under Section 2-217 of the Nursing Home Care
7 Act. Implementation and acceptance of the Physician
8 Certification Statement shall take place no later than 90 days
9 after the issuance of the Physician Certification Statement by
10 the Department of Healthcare and Family Services.

11 Pursuant to subsection (E) of Section 12-4.25 of this
12 Code, the Department is entitled to recover overpayments paid
13 to a provider or vendor, including, but not limited to, from
14 the discharging physician, the discharging facility, and the
15 ground ambulance service provider, in instances where a
16 non-emergency ground ambulance service is rendered as the
17 result of improper or false certification.

18 Beginning October 1, 2018, the Department of Healthcare
19 and Family Services shall collect data from Medicaid managed
20 care organizations and transportation brokers, including the
21 Department's NETSPAP broker, regarding denials and appeals
22 related to the missing or incomplete Physician Certification
23 Statement forms and overall compliance with this subsection.
24 The Department of Healthcare and Family Services shall publish
25 quarterly results on its website within 15 days following the
26 end of each quarter.

1 (h) On and after July 1, 2012, the Department shall reduce
2 any rate of reimbursement for services or other payments or
3 alter any methodologies authorized by this Code to reduce any
4 rate of reimbursement for services or other payments in
5 accordance with Section 5-5e.

6 (i) Subject to federal approval, on and after January 1,
7 2024, the Department shall increase the base rate of
8 reimbursement for both base charges and mileage charges for
9 ground ambulance service providers not participating in the
10 Ground Emergency Medical Transportation (GEMT) Program for
11 medical transportation services provided by means of a ground
12 ambulance to a level not lower than 140% of the base rate in
13 effect as of January 1, 2023.

14 (j) For the purpose of understanding ground ambulance
15 transportation services cost structures and their impact on
16 the Medical Assistance Program, the Department shall engage
17 stakeholders, including, but not limited to, a statewide
18 association representing private ground ambulance service
19 providers in Illinois, to develop recommendations for a plan
20 for the regular collection of cost data for all ground
21 ambulance transportation providers reimbursed under the
22 Illinois Title XIX State Plan. Cost data obtained through this
23 process shall be used to inform on and to ensure the
24 effectiveness and efficiency of Illinois Medicaid rates. The
25 Department shall establish a process to limit public
26 availability of portions of the cost report data determined to

1 be proprietary. This process shall be concluded and
2 recommendations shall be provided no later than December 31,
3 2025.

4 (k) Subject to federal approval, beginning on January 1,
5 2024, the Department shall increase the base rate of
6 reimbursement for both base charges and mileage charges for
7 medical transportation services provided by means of an air
8 ambulance to a level not lower than 50% of the Medicare
9 ambulance fee schedule rates, by designated Medicare locality,
10 in effect on January 1, 2023.

11 (l) Subject to federal approval, beginning on January 1,
12 2027, the Department shall increase the base rate of
13 reimbursement for both base charges and mileage charges for
14 medical transportation services provided by means of an air
15 ambulance to a level not lower than 75% of the Medicare
16 ambulance fee schedule rates in effect on January 1, 2026. For
17 each relevant Healthcare Common Procedure Coding System code,
18 the rate shall be calculated using the average of each code's
19 urban and rural rates.

20 (Source: P.A. 102-364, eff. 1-1-22; 102-650, eff. 8-27-21;
21 102-813, eff. 5-13-22; 102-1037, eff. 6-2-22; 103-102, Article
22 70, Section 70-5, eff. 1-1-24; 103-102, Article 80, Section
23 80-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.
24 7-1-24.)".