

## 95TH GENERAL ASSEMBLY State of Illinois 2007 and 2008 HB5613

by Rep. John E. Bradley

## SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.2

from Ch. 23, par. 5-4.2

Amends the Illinois Public Aid Code. Replaces the provisions concerning medical assistance payments for ambulance services. Provides that for ambulance services provided to a recipient of medical assistance on or after July 1, 2008, the Department of Healthcare and Family Services shall reimburse ambulance service providers for base charges and mileage charges based upon the lesser of the provider's charge, as reflected on the provider's claim form, or the Illinois Medicaid Ambulance Fee Schedule rate calculated in accordance with the provisions set forth in the bill. Provides that the requirement of payment by the Department for ground ambulance services is deemed to be met if the services are provided pursuant to a request for evaluation, treatment, and transport from an individual with a condition of such a nature that a prudent layperson would have reasonably expected that a delay in seeking immediate medical attention would have been hazardous to life or health. Effective immediately.

LRB095 16722 DRJ 44864 b

FISCAL NOTE ACT MAY APPLY

AN ACT concerning public aid. 1

## Be it enacted by the People of the State of Illinois, 2 represented in the General Assembly: 3

- Section 5. The Illinois Public Aid Code is amended by 4 5 changing Section 5-4.2 as follows:
- (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2) 6
- 7 Sec. 5-4.2. Ambulance services payments.
- (a) For purposes of this Section, "ambulance services" 8 9 includes medical transportation services provided by means of a licensed ambulance and does not include transportation 10 services provided by a <a href="medi-car">medi-car</a>, service car, taxi, or other 11
- form of transportation not defined as an ambulance service by 12
- Medicare or the Illinois Emergency Medical Services (EMS) 13
- 14 Systems Act.

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- (b) It is the intent of the General Assembly to provide 16 adequate reimbursement for ambulance services so as to ensure 17 adequate access to services for both recipients of aid under
- this Article and for the general population of Illinois. Unless 18
- 19 otherwise indicated in this Section, the practices of the
- 20 Department of Healthcare and Family Services in connection with
- 21 ambulance service payments shall be consistent with the payment
- 22 principles of Medicare to include the statutes,
- regulations, policies, procedures, principles, definitions, 2.3

- 1 guidelines, coding systems, including the ambulance condition
- 2 <u>coding system</u>, and manuals used to determine the payment system
- 3 <u>to ambulance service providers under Title XVIII of the Social</u>
- 4 <u>Security Act.</u>
- 5 (c) For ambulance services provided to a recipient of aid
- 6 under this Article on or after July 1, 2008, the Department
- 7 <u>shall reimburse ambulance service providers for base charges</u>
- 8 and mileage charges based upon the lesser of the provider's
- 9 charge, as reflected on the provider's claim form, or the
- 10 Illinois Medicaid Ambulance Fee Schedule rate calculated in
- 11 accordance with this Section.
- 12 <u>(1) Effective July 1, 2008 through June 30, 2009, for</u>
- each individual base rate and mileage rate, the Illinois
- 14 Medicaid Ambulance Fee Schedule rate shall be based on 75%
- of the Medicaid rate for ambulance services in effect as of
- January 1, 2008 and 25% of the Medicare Ambulance Fee
- Schedule amount in effect on January 1, 2008 for the
- designated Medicare Locality, except that any rate that was
- 19 previously approved by the Department that exceeds this
- amount shall remain in force.
- 21 (2) Effective July 1, 2009 through June 30, 2010, for
- 22 each individual base rate and mileage rate, the Illinois
- 23 Medicaid Ambulance Fee Schedule rate shall be based on 50%
- of the Medicaid rate for ambulance services that was in
- effect as of January 1, 2008 and 50% of the Medicare
- Ambulance Fee Schedule amount in effect on January 1, 2009

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this	s amo	ount shall	remai	n in	force.					

- (3) Effective July 1, 2010 through June 30, 2011, for each individual base rate and mileage rate, the Illinois Medicaid Ambulance Fee Schedule rate shall be based on 25% of the Medicaid rate for ambulance services that was in effect as of January 1, 2008 and 75% of the Medicare Ambulance Fee Schedule amount in effect on January 1, 2010 for the designated Medicare Locality, except that any rate that was previously approved by the Department that exceeds this amount shall remain in force.
- (4) On July 1, 2011, and on each July 1 thereafter, the Department shall update the Illinois Medicaid Ambulance Fee Schedule rates annually so that they are the same as the Medicare Ambulance Fee Schedule rate in effect at the time of the update for the designated Medicare Locality.
- (d) Payment for mileage shall be per loaded mile with no loaded mileage included in the base rate. If a natural disaster, weather, or other conditions necessitate a route other than the most direct route, reimbursement shall be based on the actual distance traveled.
- (e) The requirement of payment by the Department for ground ambulance services is deemed to be met if the services are provided pursuant to a request for evaluation, treatment, and transport from an individual with a condition of such a nature

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that a prudent layperson would have reasonably expected that a delay in seeking immediate medical attention would have been hazardous to life or health. This standard will be deemed to be met if there is an emergency medical condition manifesting itself by acute symptoms of sufficient severity, including but not limited to severe pain, such that a prudent layperson who possesses an average of knowledge of medicine and health can reasonably that expect the absence of immediate medical attention could result in placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. For ambulance services provided to a recipient of aid under this Article on or after January 1, 1993, the Illinois Department shall reimburse ambulance service providers at rates calculated in accordance with this Section. It is the intent of the General Assembly to provide adequate reimbursement for ambulance services so as to ensure adequate access to services for recipients of aid under this Article and to provide appropriate incentives to ambulance service providers to provide services in an efficient cost-effective manner. Thus, it is the intent of the Assembly that the Illinois Department implement reimbursement system for ambulance services that, to the extent practicable and subject to the availability of funds

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appropriated by the General Assembly for this purpose, is consistent with the payment principles of Medicare. To ensure uniformity between the payment principles of Medicare and Medicaid, the Illinois Department shall follow, to the extent necessary and practicable and subject to the availability of funds appropriated by the General Assembly for this purpose, the statutes, laws, regulations, policies, procedures, principles, definitions, quidelines, and manuals used determine the amounts paid to ambulance service providers under Title XVIII of the Social Security Act (Medicare).

For ambulance services provided to a recipient of aid under this Article on or after January 1, 1996, the Illinois Department shall reimburse ambulance service providers based upon the actual distance traveled if a natural disaster, weather conditions, road repairs, or traffic conquestion necessitates the use of a route other than the most direct route.

For purposes of this Section, "ambulance services" includes medical transportation services provided by means of an ambulance, medi-car, service car, or taxi.

This Section does not prohibit separate billing by ambulance service providers for oxygen furnished while providing advanced life support services.

Beginning with services rendered on or after July 1, 2008, all providers of non-emergency medi-car and service car transportation must certify that the driver and employee

attendant, as applicable, have completed a safety program approved by the Department to protect both the patient and the driver, prior to transporting a patient. The provider must maintain this certification in its records. The provider shall produce such documentation upon demand by the Department or its representative. Failure to produce documentation of such training shall result in recovery of any payments made by the Department for services rendered by a non certified driver or employee attendant. Medi car and service car providers must maintain legible documentation in their records of the driver and, as applicable, employee attendant that actually transported the patient. Providers must recertify all drivers and employee attendants every 3 years.

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

20 (Source: P.A. 95-501, eff. 8-28-07.)

Section 99. Effective date. This Act takes effect upon becoming law.