

AMENDED IN ASSEMBLY MAY 4, 2009

AMENDED IN ASSEMBLY APRIL 20, 2009

AMENDED IN ASSEMBLY APRIL 13, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 511

Introduced by Assembly Member De La Torre

February 24, 2009

An act to add and repeal Chapter 13 (commencing with Section 1799.300) of Division 2.5 of the Health and Safety Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 511, as amended, De La Torre. Medi-Cal: ambulance transportation services providers: quality assurance fees.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which health care services, including medical transportation services, are provided to qualified low-income persons. The Medi-Cal program is partially governed and funded under federal Medicaid provisions.

Existing law establishes a quality assurance fee program for skilled nursing and intermediate care facilities, as prescribed.

This bill would provide, as a condition of participation in the Medi-Cal program, that there be imposed a quality assurance fee on ambulance transportation services providers, to be administered by the Director of Health Care Services. The proceeds from the fee would be required to be deposited into the Medi-Cal Ambulance Transportation Services Providers Fund, which the bill would create. The bill would provide that moneys in the fund shall, upon appropriation by the Legislature,

be available exclusively to enhance federal financial participation for ambulance transportation services under the Medi-Cal program or to provide additional reimbursement to, and to support quality improvement efforts of, ambulance transportation services providers, including increased reimbursement for, and improvement of the quality of, the provision of advanced life support services, as defined. The bill would provide that these provisions are to be implemented only if, and as long as, the state receives federal approval for the fee and legislation is enacted during the 2009–10 Regular Session of the Legislature that makes an appropriation from the fund and from the Federal Trust Fund to fund a Medi-Cal rate increase for ambulance transportation services providers. The bill would provide that it shall remain operative only as long as certain conditions are met and if any one of the conditions is not met, its provisions shall become inoperative and be repealed.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 13 (commencing with Section 1799.300)
2 is added to Division 2.5 of the Health and Safety Code, to read:

3
4 CHAPTER 13. AMBULANCE TRANSPORTATION SERVICES
5 PROVIDER QUALITY ASSURANCE FEE
6

7 1799.300. (a) As a condition of participation in the Medi-Cal
8 program, for each ambulance transportation services provider that
9 derives revenue from the provision of ambulance transportation
10 services, there shall be imposed each state fiscal year a quality
11 assurance fee based on the provision of ambulance transportation
12 services. The quality assurance fee shall be assessed on all
13 Medi-Cal ambulance transportation services providers, except for
14 a Medi-Cal ambulance transportation services provider that is
15 exempt pursuant to paragraph (2) of subdivision (a) of Section
16 1799.305.

17 (b) The amount of the quality assurance fee assessed on each
18 Medi-Cal ambulance transportation services provider shall be
19 based on the revenue received by the provider from the provision
20 of ambulance transportation services and shall be calculated in
21 accordance with the methodology outlined in subdivision (c), in

1 the request for federal approval required by Section 1799.305, and
2 in regulations, provider bulletins, or similar instructions.

3 (c) The quality assurance fee shall be calculated as follows:

4 (1) For the 2009–10 fiscal year, the quality assurance fee for
5 each ambulance transportation services provider shall be calculated
6 by multiplying the revenue that the ambulance transportation
7 services provider derived from providing ambulance transportation
8 services by 5.5 percent, as determined under the approved
9 methodology. The amount so determined shall be the quality
10 assurance fee for that ambulance transportation services provider.

11 (2) For the 2010–11 to 2015–16, inclusive, fiscal years, the
12 quality assurance fee for each ambulance transportation services
13 provider shall be calculated by multiplying the revenue that the
14 ambulance transportation services provider derived from providing
15 ambulance transportation services by 5.5 percent, as determined
16 under the approved methodology. The amount so determined shall
17 be the quality assurance fee for that ambulance transportation
18 services provider, but in no case shall the fees calculated pursuant
19 to this paragraph and collected pursuant to this article, taken
20 together with applicable licensing fees, exceed the amounts
21 allowable under federal law.

22 (d) If there is a delay in the implementation of this article for
23 any reason, including a delay in the approval of the quality
24 assurance fee and methodology by the federal Centers for Medicare
25 and Medicaid Services, in the 2009–10 fiscal year or in any other
26 fiscal year, all of the following shall apply:

27 (1) A provider subject to the fee may be assessed the amount
28 the provider would be required to pay to the department if the
29 methodology were already approved, but shall not be required to
30 pay the fee until both the following occur:

31 (A) The methodology is approved.

32 (B) Medi-Cal rates are increased in accordance with paragraph
33 (2) of subdivision (a) of Section 1799.306 and the increased rates
34 are paid to Medi-Cal ambulance transportation services providers.

35 (2) The department may retroactively increase and make
36 payment of rates to Medi-Cal ambulance transportation services
37 providers.

38 (3) Providers that have been assessed a fee by the department
39 shall pay the fee assessed within 60 days of the date rates are

1 increased in accordance with paragraph (2) of subdivision (a) of
2 Section 1799.306 and paid to those providers.

3 (4) The department shall accept a provider's payment even if
4 the payment is submitted in a subsequent rate year than the rate
5 year in which the fee was assessed.

6 1799.301. (a) The quality assurance fee, as calculated pursuant
7 to Section 1799.300, shall be paid by the providers to the
8 department on a quarterly basis on or before the last fiscal day of
9 the fiscal quarter following the fiscal quarter for which the fee was
10 imposed, except as provided in subdivision (d) of Section 1799.300.

11 *(b) In order for the department to verify the accuracy of the*
12 *quality assurance fee paid, each provider paying a quality*
13 *assurance fee shall submit with the fee paid, in a form prescribed*
14 *by the department, data on the gross receipts from the provision*
15 *of ambulance transportation services provided during the fiscal*
16 *quarter for which the fee is being paid.*

17 ~~(b)~~

18 (c) When a provider fails to pay all or part of the quality
19 assurance fee within 60 days of the date that payment is due, the
20 department may deduct the unpaid fee and interest owed from any
21 Medi-Cal reimbursement payments owed to the provider until the
22 full amount of the fee and interest are recovered. Any deduction
23 made pursuant to this subdivision shall be made only after the
24 department gives the provider written notification. Any deduction
25 made pursuant to this subdivision may be deducted over a period
26 of time that takes into account the financial condition of the
27 provider.

28 ~~(c)~~

29 (d) If all or any part of the quality assurance fee remains unpaid,
30 the department may assess a penalty on the provider equal to 50
31 percent of the unpaid fee amount.

32 1799.302. (a) The Director of Health Care Services, or his or
33 her designee, shall administer this article.

34 (b) The director may adopt regulations as are necessary to
35 implement this article. These regulations may be adopted as
36 emergency regulations in accordance with the rulemaking
37 provisions of the Administrative Procedure Act (Chapter 3.5
38 (commencing with Section 11340) of Part 1 of Division 3 of Title
39 2 of the Government Code). For purposes of this article, the
40 adoption of regulations shall be deemed an emergency and

1 necessary for the immediate preservation of the public peace, health
2 and safety, or general welfare. The regulations shall include, but
3 need not be limited to, any regulations necessary for any of the
4 following purposes:

5 (1) The administration of this article, including the proper
6 imposition and collection of the quality assurance fee. The costs
7 associated with the administration of this article are not to exceed
8 the amounts reasonably necessary to administer this article.

9 (2) The development of any forms necessary to obtain required
10 information from providers subject to the quality assurance fee.

11 (3) To provide details, definitions, formulas, and other
12 requirements.

13 (c) As an alternative to subdivision (b), and notwithstanding
14 the rulemaking provisions of Chapter 3.5 (commencing with
15 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
16 Code, the director may implement this article, in whole or in part,
17 by means of a provider bulletin, or other similar instructions,
18 without taking regulatory action, provided that no such bulletin or
19 other similar instructions shall remain in effect after July 31, 2012.
20 It is the intent of the Legislature that the regulations adopted
21 pursuant to subdivision (b) be adopted on or before July 31, 2012.

22 1799.303. The department shall deposit the quality assurance
23 fee collected pursuant to this article in the Medi-Cal Ambulance
24 Transportation Services Providers Fund, which is hereby created
25 in the State Treasury. Notwithstanding Section 16305.7 of the
26 Government Code, the fund shall also include interest and
27 dividends earned on moneys in the fund.

28 1799.304. Moneys in the Medi-Cal Ambulance Transportation
29 Services Providers Fund shall, upon appropriation by the
30 Legislature, be available to exclusively enhance federal financial
31 participation for ambulance transportation services under the
32 Medi-Cal program or to provide additional reimbursement to, and
33 to support quality improvement efforts of, ambulance transportation
34 services providers, including increased reimbursement for, and
35 improvement of the quality of, the provision of advanced life
36 support services as defined in Section 1797.52.

37 1799.305. (a) (1) The department shall request approval from
38 the federal Centers for Medicare and Medicaid Services for the
39 implementation of this article.

(2) The director may alter the methodology specified in this article, to the extent necessary to meet the requirements of federal law or regulations or to obtain federal approval. The director may also add categories of exempt ambulance transportation services providers or apply a nonuniform fee to ambulance transportation services providers that are subject to the fee in order to meet requirements of federal law or regulations. The director may exempt categories of ambulance transportation services providers from the fee, if necessary to obtain federal approval.

(b) The department shall make retrospective adjustments, as necessary, to the amounts calculated pursuant to Section 1799.300 in order to ensure that the quality assurance fee for any provider in a particular state fiscal year does not exceed 5.5 percent of the revenue derived by a provider subject to the fee from the provision of ambulance transportation services.

1799.306. (a) This article shall be implemented only if, and as long as, both of the following conditions are met:

(1) The state receives federal approval of the quality assurance fee from the federal Centers for Medicare and Medicaid Services.

(2) Legislation is enacted during the 2009–10 Regular Session of the Legislature that makes an appropriation from the Medi-Cal Ambulance Transportation Services Providers Fund and from the Federal Trust Fund to fund a Medi-Cal rate increase for ambulance transportation services providers.

(b) This article shall remain operative only as long as all of the following conditions are met:

(1) The federal Centers for Medicare and Medicaid Services continues to allow the use of the provider assessment provided in this article.

(2) The Medi-Cal rate increase referenced in paragraph (2) of subdivision (a) remains in effect.

(3) The full amount of the quality assurance fee assessed and collected pursuant to this article remains available for the purposes specified in Section 1799.304 and for related purposes.

(c) If all of the conditions in subdivision (a) are met, this article is implemented, and subsequently, any one of the conditions in subdivision (b) is not met, on and after the date that the director executes a declaration that makes the determination that any condition is not met, this article shall become inoperative

1 notwithstanding that the condition or conditions subsequently may
2 be met.

3 (d) Notwithstanding subdivisions (a), (b), and (c), in the event
4 of a final judicial determination made by any state or federal court
5 that is not appealed, or by a court of appellate jurisdiction that is
6 not further appealed, in any action by any party, or a final
7 determination by the administrator of the federal Centers for
8 Medicare and Medicaid Services, that federal financial participation
9 is not available with respect to any payment made under the
10 methodology implemented pursuant to this article because the
11 methodology is invalid, unlawful, or contrary to any provision of
12 federal law or regulations, or of state law, this article shall become
13 inoperative.

14 (e) This article shall be repealed on the date that it becomes
15 inoperative.

16
17
18 **CORRECTIONS:**

19 **Text—Page 2.**
20