

Introduced by Senator Pan

February 26, 2015

An act to amend Section 14105.94 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 534, as introduced, Pan. Medi-Cal: ground emergency medical transportation services: supplemental reimbursement.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law authorizes certain ground emergency medical transportation providers to receive supplemental Medi-Cal reimbursement in addition to the rate of payment that the provider would otherwise receive for those services. Existing law provides that participation in the supplemental reimbursement program by an eligible provider is voluntary, and requires the nonfederal share of the supplemental reimbursement to be paid only with funds from specified governmental entities.

This bill would make technical, nonsubstantive changes to this provision.

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

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

- 1 SECTION 1. Section 14105.94 of the Welfare and Institutions
- 2 Code is amended to read:

1 14105.94. (a) An eligible provider, as described in subdivision
2 (b), may, in addition to the rate of payment that the provider would
3 otherwise receive for Medi-Cal ground emergency medical
4 transportation services, receive supplemental Medi-Cal
5 reimbursement to the extent provided in this section.

6 (b) A provider shall be eligible for supplemental reimbursement
7 only if the provider has all of the following characteristics
8 continuously during a state fiscal year:

9 (1) Provides ground emergency medical transportation services
10 to Medi-Cal beneficiaries.

11 (2) Is a provider that is enrolled as a Medi-Cal provider for the
12 period being claimed.

13 (3) Is owned or operated by the state, a city, county, city and
14 county, fire protection district organized pursuant to Part 2.7
15 (commencing with Section 13800) of Division 12 of the Health
16 and Safety Code, special district organized pursuant to Chapter 1
17 (commencing with Section 58000) of Division 1 of Title 6 of the
18 Government Code, community services district organized pursuant
19 to Part 1 (commencing with Section 61000) of Division 3 of Title
20 6 of the Government Code, health care district organized pursuant
21 to Chapter 1 (commencing with Section 32000) of Division 23 of
22 the Health and Safety Code, or a federally recognized Indian tribe.

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

25 (1) The supplemental reimbursement to an eligible provider, as
26 described in subdivision (b), shall be equal to the amount of federal
27 financial participation received as a result of the claims submitted
28 pursuant to paragraph (2) of subdivision (f).

29 (2) In no instance shall the amount certified pursuant to
30 paragraph (1) of subdivision (e), when combined with the amount
31 received from all other sources of reimbursement from the
32 Medi-Cal program, exceed 100 percent of actual costs, as
33 determined pursuant to the Medi-Cal State Plan, for ground
34 emergency medical transportation services.

35 (3) The supplemental Medi-Cal reimbursement provided by this
36 section shall be distributed exclusively to eligible providers under
37 a payment methodology based on ground emergency medical
38 transportation services provided to Medi-Cal beneficiaries by
39 eligible providers on a per-transport basis or other federally
40 permissible basis. The department shall obtain approval from the

1 federal Centers for Medicare and Medicaid Services for the
2 payment methodology to be utilized, and ~~may~~ *shall* not make any
3 payment pursuant to this section prior to obtaining that approval.

4 (d) (1) It is the Legislature's intent in enacting this section to
5 provide the supplemental reimbursement described in this section
6 without any expenditure from the General Fund. An eligible
7 provider, as a condition of receiving supplemental reimbursement
8 pursuant to this section, shall enter into, and maintain, an agreement
9 with the department for the purposes of implementing this section
10 and reimbursing the department for the costs of administering this
11 section.

12 (2) The nonfederal share of the supplemental reimbursement
13 submitted to the federal Centers for Medicare and Medicaid
14 Services for purposes of claiming federal financial participation
15 shall be paid only with funds from the governmental entities
16 described in paragraph (3) of subdivision (b) and certified to the
17 state as provided in subdivision (e).

18 (e) Participation in the program by an eligible provider described
19 in this section is voluntary. If an applicable governmental entity
20 elects to seek supplemental reimbursement pursuant to this section
21 on behalf of an eligible provider owned or operated by the entity,
22 as described in paragraph (3) of subdivision (b), the governmental
23 entity shall do all of the following:

24 (1) Certify, in conformity with the requirements of Section
25 433.51 of Title 42 of the Code of Federal Regulations, that the
26 claimed expenditures for the ground emergency medical
27 transportation services are eligible for federal financial
28 participation.

29 (2) Provide evidence supporting the certification as specified
30 by the department.

31 (3) Submit data as specified by the department to determine the
32 appropriate amounts to claim as expenditures qualifying for federal
33 financial participation.

34 (4) Keep, maintain, and have readily retrievable, any records
35 specified by the department to fully disclose reimbursement
36 amounts to which the eligible provider is entitled, and any other
37 records required by the federal Centers for Medicare and Medicaid
38 Services.

39 (f) (1) The department shall promptly seek any necessary federal
40 approvals for the implementation of this section. The department

1 may limit the program to those costs that are allowable
2 expenditures under Title XIX of the federal Social Security Act
3 (42 U.S.C. *Sec.* 1396 et seq.). If federal approval is not obtained
4 for implementation of this section, this section shall not be
5 implemented.

6 (2) The department shall submit claims for federal financial
7 participation for the expenditures for the services described in
8 subdivision (e) that are allowable expenditures under federal law.

9 (3) The department shall, on an annual basis, submit any
10 necessary materials to the federal government to provide assurances
11 that claims for federal financial participation will include only
12 those expenditures that are allowable under federal law.

13 (g) (1) If either a final judicial determination is made by any
14 court of appellate jurisdiction or a final determination is made by
15 the administrator of the federal Centers for Medicare and Medicaid
16 Services that the supplemental reimbursement provided for in this
17 section must be made to any provider not described in this section,
18 the director shall execute a declaration stating that the
19 determination has been made and on that date this section shall
20 become inoperative.

21 (2) The declaration executed pursuant to this subdivision shall
22 be retained by the director, provided to the fiscal and appropriate
23 policy committees of the Legislature, the Secretary of State, the
24 Secretary of the Senate, the Chief Clerk of the Assembly, and the
25 Legislative Counsel, and posted on the department's Internet Web
26 site.

27 (h) Notwithstanding Chapter 3.5 (commencing with Section
28 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
29 the department may implement and administer this section by
30 means of provider bulletins, or similar instructions, without taking
31 regulatory action.