

# **WEST VIRGINIA LEGISLATURE**

## **2018 REGULAR SESSION**

**Introduced**

### **Senate Bill 406**

BY SENATORS FERNS, TAKUBO, BOSO, CLINE, AND

BALDWIN

[Introduced January 26, 2018; Referred  
to the Committee on Banking and Insurance; and then  
to the Committee on Finance]



1 A BILL to amend and reenact §9-5-26 of the Code of West Virginia, 1931, as amended, relating  
2 to supplemental Medicare and Medicaid reimbursement; and clarifying that ground  
3 emergency medical transportation services providers are eligible for reimbursement from  
4 Medicare.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 5. MISCELLANEOUS PROVISIONS.**

**§9-5-26. Supplemental Medicare and Medicaid reimbursement.**

1 (a) A ground emergency medical transportation services provider, owned or operated by  
2 the state or a city, a county, or city and county, that provides services to Medicare and Medicaid  
3 beneficiaries is eligible for supplemental reimbursement.

4 (b) An eligible provider's supplemental reimbursement shall be calculated and paid as  
5 follows:

6 (1) The supplemental reimbursement to an eligible provider shall be equal to the amount  
7 of federal financial participation received as a result of the claims submitted.

8 (2) In no instance may the amount certified, when combined with the amount received  
9 from all other sources of reimbursement from the Medicare or Medicaid program, exceed 100  
10 percent of actual costs, as determined pursuant to the Medicaid State Plan or the state's Medicare  
11 plan, for ground emergency medical transportation services.

12 (3) The supplemental Medicare and Medicaid reimbursement shall be distributed  
13 exclusively to eligible providers under a payment methodology based on ground emergency  
14 medical transportation services provided to Medicare and Medicaid beneficiaries by eligible  
15 providers on a per-transport basis or other federally permissible basis. The Department of Health  
16 and Human Resources shall obtain approval from the Centers for Medicare and Medicaid  
17 Services for the payment methodology to be used, and may not make any payment pursuant to  
18 this section prior to obtaining that approval.

19 (c) No funds may be expended from the State Fund, General Revenue for any  
20 supplemental reimbursement paid under this section.

21 (d) The nonfederal share of the supplemental reimbursement submitted to the federal  
22 Centers for Medicare and Medicaid Services for purposes of claiming federal financial  
23 participation may be paid only with funds from the governmental entities.

24 (e) Participation in the program by an eligible provider described in this section is  
25 voluntary.

26 (f) If an applicable governmental entity elects to seek supplemental reimbursement  
27 pursuant to this section on behalf of an eligible provider, the governmental entity shall:

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

31 (2) Provide evidence supporting the certification as specified by the Department of Health  
32 and Human Resources;

33 (3) Submit data as specified by the Department of Health and Human Resources to  
34 determine the appropriate amounts to claim as expenditures qualifying for federal financial  
35 participation; and

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

40 (g) (1) The Department of Health and Human Resources shall promptly seek any  
41 necessary federal approvals for the implementation of this section. The Department of Health and  
42 Human Resources may limit the program to those costs that are allowable expenditures under  
43 Title XIX of the federal Social Security Act (42 U.S.C. §1396 *et seq.*). If federal approval is not  
44 obtained for implementation of this section, this section may not be implemented.

45           (2) The ~~department~~ Department of Health and Human Resources shall submit claims for  
46 federal financial participation for the expenditures for the services that are allowable expenditures  
47 under federal law.

48           (3) The Department of Health and Human Resources shall, on an annual basis, submit  
49 any necessary materials to the federal government to provide assurances that claims for federal  
50 financial participation will include only those expenditures that are allowable under federal law.

51           (4) Notwithstanding the provisions of §9-5-26(g)(1) of this code, the Department of Health  
52 and Human Resources shall, prior to seeking federal approval of any supplemental  
53 reimbursement pursuant to this section, attempt to maximize the number of qualified group  
54 emergency medical transportation service providers eligible to receive the supplemental  
55 reimbursement. These emergency medical transportation service providers would include:

56           (A) Any not-for-profit emergency medical transport providers not owned by the state or a  
57 city, a county, or a city and county;

58           (B) Any voluntary emergency transportation service providers not owned by the state or a  
59 city, a county, or a city and county; and

60           (C) All other emergency medical transportation service providers licensed pursuant to the  
61 provisions of §16-4C-1 *et seq.* of this code.

NOTE: The purpose of this bill is to clarify that ground emergency medical transportation services providers are eligible for reimbursement from Medicare.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.