

DRAFT

SUMMARY

Requires Oregon Health Authority to amend Medicaid state plan to implement programs to increase medical assistance reimbursement paid to public providers of emergency medical services. Specifies requirements of programs.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to medical assistance reimbursement of emergency medical services; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 and 3 of this 2016 Act are added to and made a part of ORS chapter 413.

SECTION 2. (1) As used in sections 2 and 3 of this 2016 Act:

(a) “Emergency medical services” means the services provided by emergency medical services providers to an individual experiencing a medical emergency in order to:

(A) Assess, treat and stabilize the individual’s medical condition;

or

(B) Prepare and transport the individual by ground to a medical facility.

(b) “Emergency medical services provider” or “provider” means an entity, owned or operated by a local government, a state agency or a federally recognized Indian tribe, that employs or contracts with individuals who are licensed by the Oregon Health Authority under ORS chapter 682 to provide emergency medical services.

1 (c) "Federal financial participation" means the portion of medical
2 assistance expenditures for emergency medical services that are paid
3 or reimbursed by the Centers for Medicare and Medicaid Services in
4 accordance with the Medicaid state plan.

5 (2) Upon request, an emergency medical services provider that has
6 entered into a provider agreement with the authority is eligible to re-
7 ceive Medicaid supplemental reimbursement from the authority for
8 the cost of providing emergency medical services to a medical assist-
9 ance recipient. The Medicaid supplemental reimbursement shall be
10 added to the payment for the emergency medical services established
11 by the authority in accordance with ORS 414.065.

12 (3)(a) Except as provided in paragraph (b) of this subsection, the
13 Medicaid supplemental reimbursement paid to an emergency medical
14 services provider shall be equal to the amount of federal financial
15 participation received by the authority for the provider's cost for the
16 emergency medical services.

17 (b) The Medicaid supplemental reimbursement paid to a provider
18 under this section may not exceed the provider's actual costs for the
19 emergency medical services, determined in accordance with standards
20 established by the authority, less the amount of reimbursement that
21 the provider is eligible to receive from all sources, including the pay-
22 ment amount for emergency medical services established by the au-
23 thority in accordance with ORS 414.065.

24 (4) An emergency medical services provider shall make readily
25 available to the authority documentation, data and certifications, as
26 prescribed by the authority, necessary to establish that the emergency
27 medical services expenditures qualify for federal financial participation
28 and to calculate the amount of Medicaid supplemental reimbursement
29 that is due.

30 (5)(a) Except as provided in paragraph (b) of this subsection, the
31 authority shall modify the method for calculating or paying the

1 Medicaid supplemental reimbursement if modification is necessary to
2 ensure that emergency medical services expenditures qualify for fed-
3 eral financial participation.

4 (b) This section does not authorize the payment of Medicaid sup-
5 plemental reimbursement to an emergency medical services provider
6 if the provider has not entered into a provider agreement, with the
7 authority, to serve medical assistance recipients.

8 (c) If the Centers for Medicare and Medicaid Services approves the
9 implementation of this section and later revokes its approval or ex-
10 presses its intent to revoke or refuse to renew its approval, the au-
11 thority shall report the fact at the next convening of the interim or
12 regular session committees of the Legislative Assembly related to
13 health care.

14 (6) General Fund moneys may not be used to implement this sec-
15 tion. As a condition of receiving Medicaid supplemental reimburse-
16 ment, an emergency medical services provider must enter into and
17 comply with an agreement with the authority to reimburse the au-
18 thority for the costs of administering this section.

19 (7) This section applies only to emergency medical services provid-
20 ers that are reimbursed by the authority on a fee-for-service basis.

21 SECTION 3. (1) The Oregon Health Authority shall develop and
22 implement an intergovernmental transfer program to provide for the
23 transfer of funds from an emergency medical services provider to the
24 authority to pay the costs of providing emergency medical services to
25 members of a coordinated care organization. The authority shall pay
26 any federal financial participation received by the authority as a result
27 of the transfer of funds to the coordinated care organization. The co-
28 ordinated care organization shall increase, by the same amount, the
29 amount of reimbursement paid to the emergency medical services
30 provider for the costs of the emergency medical services.

31 (2) The increased reimbursement paid under subsection (1) of this

1 section shall be at least actuarially equivalent to the Medicaid sup-
2 plemental reimbursement for the emergency medical services paid
3 under section 2 of this 2016 Act.

4 (3) General Fund moneys may not be used to implement this sec-
5 tion. As a condition of participation in the intergovernmental transfer
6 program described in subsection (1) of this section, an emergency
7 medical services provider must agree to pay a fee to reimburse the
8 authority for the costs of administering the program. The fee may not
9 exceed 20 percent of the cost of the emergency medical services pro-
10 vided. The authority shall allow up to 120 percent of the fee to be
11 counted as an operating cost for providers.

12 (4) An emergency medical services provider shall make readily
13 available to the authority documentation, data and certifications, as
14 prescribed by the authority, necessary to establish that the emergency
15 medical services expenditures qualify for federal financial participation
16 and to calculate the amount due to a coordinated care organization for
17 the expenditures.

18 (5) If the authority determines that any expenditure made by an
19 emergency medical services provider does not qualify for federal fi-
20 nancial participation, the authority shall return the funds associated
21 with the expenditure to the provider or refuse to accept the transfer
22 of funds associated with the expenditure.

23 (6) Participation by any coordinated care organization or emergency
24 medical services provider in the program must be voluntary.

25 (7) The authority shall consult with emergency medical services
26 providers in the development, implementation and operation of the
27 intergovernmental transfer program.

28 SECTION 4. (1) No later than 60 days after the effective date of this
29 2016 Act, the Oregon Health Authority shall submit to the Centers for
30 Medicare and Medicaid Services amendments to the Medicaid state
31 plan that are necessary to implement sections 2 and 3 of this 2016 Act.

1 **(2) Sections 2 and 3 of this 2016 Act become operative on the date**
2 **that the Medicaid state plan amendments necessary to implement each**
3 **section are approved.**

4 **(3) The authority shall immediately notify the Legislative Counsel**
5 **if the Centers for Medicare and Medicaid Services approves or disap-**
6 **proves, in whole or in part, the implementation of sections 2 or 3 of**
7 **this 2016 Act.**

8 **SECTION 5.** **This 2016 Act being necessary for the immediate pres-**
9 **ervation of the public peace, health and safety, an emergency is de-**
10 **clared to exist, and this 2016 Act takes effect on its passage.**