



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB5857

Introduced 5/24/2024, by Rep. Robert "Bob" Rita

#### SYNOPSIS AS INTRODUCED:

30 ILCS 105/5.1015 new  
305 ILCS 5/5-4.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Sets forth the following findings of the General Assembly: (i) access to ground ambulance services improves health equity, increases access to quality care, and reduces health disparities in underserved communities; (ii) due to the underfunding of these critical services by the federal Medicare and Medicaid programs, there is a growing scarcity of non-emergency ground ambulance services in underserved, minority communities in this State; and (iii) the State has an interest in providing funding to nonemergency ground ambulance service providers in affected communities. Creates the Safety-Net Ambulance Sustainability Fund as a special fund in the State treasury. Provides that the Fund shall consist of any federal, State, or private moneys designated for deposit into the Fund and all interest earned on moneys in the Fund. Provides that moneys in the Fund, including all accrued interest thereon, shall only be used and disbursed by the Department of Healthcare and Family Services to support the operating expenses of nongovernmental ground ambulance providers in high-Medicaid communities. Provides that any amounts expended from the Fund that are later recouped by the Department following an audit or otherwise shall be returned to the Fund. Amends the State Finance Act. Adds the Safety-Net Ambulance Sustainability Fund to the list of special funds under the Act.

LRB103 40887 KTG 73847 b

1 AN ACT concerning public aid.

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

4 Section 1. The State Finance Act is amended by adding  
5 Section 5.1015 as follows:

6 (30 ILCS 105/5.1015 new)

7 Sec. 5.1015. The Safety-Net Ambulance Sustainability Fund.

8 Section 5. The Illinois Public Aid Code is amended by  
9 changing Section 5-4.2 as follows:

10 (305 ILCS 5/5-4.2)

11 Sec. 5-4.2. Ambulance services payments.

12 (a) For ambulance services provided to a recipient of aid  
13 under this Article on or after January 1, 1993, the Illinois  
14 Department shall reimburse ambulance service providers at  
15 rates calculated in accordance with this Section. It is the  
16 intent of the General Assembly to provide adequate  
17 reimbursement for ambulance services so as to ensure adequate  
18 access to services for recipients of aid under this Article  
19 and to provide appropriate incentives to ambulance service  
20 providers to provide services in an efficient and  
21 cost-effective manner. Thus, it is the intent of the General

1 Assembly that the Illinois Department implement a  
2 reimbursement system for ambulance services that, to the  
3 extent practicable and subject to the availability of funds  
4 appropriated by the General Assembly for this purpose, is  
5 consistent with the payment principles of Medicare. To ensure  
6 uniformity between the payment principles of Medicare and  
7 Medicaid, the Illinois Department shall follow, to the extent  
8 necessary and practicable and subject to the availability of  
9 funds appropriated by the General Assembly for this purpose,  
10 the statutes, laws, regulations, policies, procedures,  
11 principles, definitions, guidelines, and manuals used to  
12 determine the amounts paid to ambulance service providers  
13 under Title XVIII of the Social Security Act (Medicare).

14 (b) For ambulance services provided to a recipient of aid  
15 under this Article on or after January 1, 1996, the Illinois  
16 Department shall reimburse ambulance service providers based  
17 upon the actual distance traveled if a natural disaster,  
18 weather conditions, road repairs, or traffic congestion  
19 necessitates the use of a route other than the most direct  
20 route.

21 (c) For purposes of this Section, "ambulance services"  
22 includes medical transportation services provided by means of  
23 an ambulance, air ambulance, medi-car, service car, or taxi.

24 (c-1) For purposes of this Section, "ground ambulance  
25 service" means medical transportation services that are  
26 described as ground ambulance services by the Centers for

1 Medicare and Medicaid Services and provided in a vehicle that  
2 is licensed as an ambulance by the Illinois Department of  
3 Public Health pursuant to the Emergency Medical Services (EMS)  
4 Systems Act.

5 (c-2) For purposes of this Section, "ground ambulance  
6 service provider" means a vehicle service provider as  
7 described in the Emergency Medical Services (EMS) Systems Act  
8 that operates licensed ambulances for the purpose of providing  
9 emergency ambulance services, or non-emergency ambulance  
10 services, or both. For purposes of this Section, this includes  
11 both ambulance providers and ambulance suppliers as described  
12 by the Centers for Medicare and Medicaid Services.

13 (c-3) For purposes of this Section, "medi-car" means  
14 transportation services provided to a patient who is confined  
15 to a wheelchair and requires the use of a hydraulic or electric  
16 lift or ramp and wheelchair lockdown when the patient's  
17 condition does not require medical observation, medical  
18 supervision, medical equipment, the administration of  
19 medications, or the administration of oxygen.

20 (c-4) For purposes of this Section, "service car" means  
21 transportation services provided to a patient by a passenger  
22 vehicle where that patient does not require the specialized  
23 modes described in subsection (c-1) or (c-3).

24 (c-5) For purposes of this Section, "air ambulance  
25 service" means medical transport by helicopter or airplane for  
26 patients, as defined in 29 U.S.C. 1185f(c)(1), and any service

1 that is described as an air ambulance service by the federal  
2 Centers for Medicare and Medicaid Services.

3 (d) This Section does not prohibit separate billing by  
4 ambulance service providers for oxygen furnished while  
5 providing advanced life support services.

6 (e) Beginning with services rendered on or after July 1,  
7 2008, all providers of non-emergency medi-car and service car  
8 transportation must certify that the driver and employee  
9 attendant, as applicable, have completed a safety program  
10 approved by the Department to protect both the patient and the  
11 driver, prior to transporting a patient. The provider must  
12 maintain this certification in its records. The provider shall  
13 produce such documentation upon demand by the Department or  
14 its representative. Failure to produce documentation of such  
15 training shall result in recovery of any payments made by the  
16 Department for services rendered by a non-certified driver or  
17 employee attendant. Medi-car and service car providers must  
18 maintain legible documentation in their records of the driver  
19 and, as applicable, employee attendant that actually  
20 transported the patient. Providers must recertify all drivers  
21 and employee attendants every 3 years. If they meet the  
22 established training components set forth by the Department,  
23 providers of non-emergency medi-car and service car  
24 transportation that are either directly or through an  
25 affiliated company licensed by the Department of Public Health  
26 shall be approved by the Department to have in-house safety

1 programs for training their own staff.

2 Notwithstanding the requirements above, any public  
3 transportation provider of medi-car and service car  
4 transportation that receives federal funding under 49 U.S.C.  
5 5307 and 5311 need not certify its drivers and employee  
6 attendants under this Section, since safety training is  
7 already federally mandated.

8 (f) With respect to any policy or program administered by  
9 the Department or its agent regarding approval of  
10 non-emergency medical transportation by ground ambulance  
11 service providers, including, but not limited to, the  
12 Non-Emergency Transportation Services Prior Approval Program  
13 (NETSPAP), the Department shall establish by rule a process by  
14 which ground ambulance service providers of non-emergency  
15 medical transportation may appeal any decision by the  
16 Department or its agent for which no denial was received prior  
17 to the time of transport that either (i) denies a request for  
18 approval for payment of non-emergency transportation by means  
19 of ground ambulance service or (ii) grants a request for  
20 approval of non-emergency transportation by means of ground  
21 ambulance service at a level of service that entitles the  
22 ground ambulance service provider to a lower level of  
23 compensation from the Department than the ground ambulance  
24 service provider would have received as compensation for the  
25 level of service requested. The rule shall be filed by  
26 December 15, 2012 and shall provide that, for any decision

1 rendered by the Department or its agent on or after the date  
2 the rule takes effect, the ground ambulance service provider  
3 shall have 60 days from the date the decision is received to  
4 file an appeal. The rule established by the Department shall  
5 be, insofar as is practical, consistent with the Illinois  
6 Administrative Procedure Act. The Director's decision on an  
7 appeal under this Section shall be a final administrative  
8 decision subject to review under the Administrative Review  
9 Law.

10 (f-5) Beginning 90 days after July 20, 2012 (the effective  
11 date of Public Act 97-842), (i) no denial of a request for  
12 approval for payment of non-emergency transportation by means  
13 of ground ambulance service, and (ii) no approval of  
14 non-emergency transportation by means of ground ambulance  
15 service at a level of service that entitles the ground  
16 ambulance service provider to a lower level of compensation  
17 from the Department than would have been received at the level  
18 of service submitted by the ground ambulance service provider,  
19 may be issued by the Department or its agent unless the  
20 Department has submitted the criteria for determining the  
21 appropriateness of the transport for first notice publication  
22 in the Illinois Register pursuant to Section 5-40 of the  
23 Illinois Administrative Procedure Act.

24 (f-6) Within 90 days after June 2, 2022 (the effective  
25 date of Public Act 102-1037) ~~this amendatory Act of the 102nd~~  
26 ~~General Assembly~~ and subject to federal approval, the

1 Department shall file rules to allow for the approval of  
2 ground ambulance services when the sole purpose of the  
3 transport is for the navigation of stairs or the assisting or  
4 lifting of a patient at a medical facility or during a medical  
5 appointment in instances where the Department or a contracted  
6 Medicaid managed care organization or their transportation  
7 broker is unable to secure transportation through any other  
8 transportation provider.

9 (f-7) For non-emergency ground ambulance claims properly  
10 denied under Department policy at the time the claim is filed  
11 due to failure to submit a valid Medical Certification for  
12 Non-Emergency Ambulance on and after December 15, 2012 and  
13 prior to January 1, 2021, the Department shall allot  
14 \$2,000,000 to a pool to reimburse such claims if the provider  
15 proves medical necessity for the service by other means.  
16 Providers must submit any such denied claims for which they  
17 seek compensation to the Department no later than December 31,  
18 2021 along with documentation of medical necessity. No later  
19 than May 31, 2022, the Department shall determine for which  
20 claims medical necessity was established. Such claims for  
21 which medical necessity was established shall be paid at the  
22 rate in effect at the time of the service, provided the  
23 \$2,000,000 is sufficient to pay at those rates. If the pool is  
24 not sufficient, claims shall be paid at a uniform percentage  
25 of the applicable rate such that the pool of \$2,000,000 is  
26 exhausted. The appeal process described in subsection (f)



1 shall not be applicable to the Department's determinations  
2 made in accordance with this subsection.

3 (g) Whenever a patient covered by a medical assistance  
4 program under this Code or by another medical program  
5 administered by the Department, including a patient covered  
6 under the State's Medicaid managed care program, is being  
7 transported from a facility and requires non-emergency  
8 transportation including ground ambulance, medi-car, or  
9 service car transportation, a Physician Certification  
10 Statement as described in this Section shall be required for  
11 each patient. Facilities shall develop procedures for a  
12 licensed medical professional to provide a written and signed  
13 Physician Certification Statement. The Physician Certification  
14 Statement shall specify the level of transportation services  
15 needed and complete a medical certification establishing the  
16 criteria for approval of non-emergency ambulance  
17 transportation, as published by the Department of Healthcare  
18 and Family Services, that is met by the patient. This  
19 certification shall be completed prior to ordering the  
20 transportation service and prior to patient discharge. The  
21 Physician Certification Statement is not required prior to  
22 transport if a delay in transport can be expected to  
23 negatively affect the patient outcome. If the ground ambulance  
24 provider, medi-car provider, or service car provider is unable  
25 to obtain the required Physician Certification Statement  
26 within 10 calendar days following the date of the service, the

1 ground ambulance provider, medi-car provider, or service car  
2 provider must document its attempt to obtain the requested  
3 certification and may then submit the claim for payment.  
4 Acceptable documentation includes a signed return receipt from  
5 the U.S. Postal Service, facsimile receipt, email receipt, or  
6 other similar service that evidences that the ground ambulance  
7 provider, medi-car provider, or service car provider attempted  
8 to obtain the required Physician Certification Statement.

9 The medical certification specifying the level and type of  
10 non-emergency transportation needed shall be in the form of  
11 the Physician Certification Statement on a standardized form  
12 prescribed by the Department of Healthcare and Family  
13 Services. Within 75 days after July 27, 2018 (the effective  
14 date of Public Act 100-646), the Department of Healthcare and  
15 Family Services shall develop a standardized form of the  
16 Physician Certification Statement specifying the level and  
17 type of transportation services needed in consultation with  
18 the Department of Public Health, Medicaid managed care  
19 organizations, a statewide association representing ambulance  
20 providers, a statewide association representing hospitals, 3  
21 statewide associations representing nursing homes, and other  
22 stakeholders. The Physician Certification Statement shall  
23 include, but is not limited to, the criteria necessary to  
24 demonstrate medical necessity for the level of transport  
25 needed as required by (i) the Department of Healthcare and  
26 Family Services and (ii) the federal Centers for Medicare and

1 Medicaid Services as outlined in the Centers for Medicare and  
2 Medicaid Services' Medicare Benefit Policy Manual, Pub.  
3 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician  
4 Certification Statement shall satisfy the obligations of  
5 hospitals under Section 6.22 of the Hospital Licensing Act and  
6 nursing homes under Section 2-217 of the Nursing Home Care  
7 Act. Implementation and acceptance of the Physician  
8 Certification Statement shall take place no later than 90 days  
9 after the issuance of the Physician Certification Statement by  
10 the Department of Healthcare and Family Services.

11 Pursuant to subsection (E) of Section 12-4.25 of this  
12 Code, the Department is entitled to recover overpayments paid  
13 to a provider or vendor, including, but not limited to, from  
14 the discharging physician, the discharging facility, and the  
15 ground ambulance service provider, in instances where a  
16 non-emergency ground ambulance service is rendered as the  
17 result of improper or false certification.

18 Beginning October 1, 2018, the Department of Healthcare  
19 and Family Services shall collect data from Medicaid managed  
20 care organizations and transportation brokers, including the  
21 Department's NETSPAP broker, regarding denials and appeals  
22 related to the missing or incomplete Physician Certification  
23 Statement forms and overall compliance with this subsection.  
24 The Department of Healthcare and Family Services shall publish  
25 quarterly results on its website within 15 days following the  
26 end of each quarter.

1           (h) On and after July 1, 2012, the Department shall reduce  
2 any rate of reimbursement for services or other payments or  
3 alter any methodologies authorized by this Code to reduce any  
4 rate of reimbursement for services or other payments in  
5 accordance with Section 5-5e.

6           (i) Subject to federal approval, on and after January 1,  
7 2024 through June 30, 2026, the Department shall increase the  
8 base rate of reimbursement for both base charges and mileage  
9 charges for ground ambulance service providers not  
10 participating in the Ground Emergency Medical Transportation  
11 (GEMT) Program for medical transportation services provided by  
12 means of a ground ambulance to a level not lower than 140% of  
13 the base rate in effect as of January 1, 2023.

14           (j) For the purpose of understanding ground ambulance  
15 transportation services cost structures and their impact on  
16 the Medical Assistance Program, the Department shall engage  
17 stakeholders, including, but not limited to, a statewide  
18 association representing private ground ambulance service  
19 providers in Illinois, to develop recommendations for a plan  
20 for the regular collection of cost data for all ground  
21 ambulance transportation providers reimbursed under the  
22 Illinois Title XIX State Plan. Cost data obtained through this  
23 process shall be used to inform on and to ensure the  
24 effectiveness and efficiency of Illinois Medicaid rates. The  
25 Department shall establish a process to limit public  
26 availability of portions of the cost report data determined to

1 be proprietary. This process shall be concluded and  
2 recommendations shall be provided no later than April 1, 2024.

3 (k) ~~(j)~~ Subject to federal approval, beginning on January  
4 1, 2024, the Department shall increase the base rate of  
5 reimbursement for both base charges and mileage charges for  
6 medical transportation services provided by means of an air  
7 ambulance to a level not lower than 50% of the Medicare  
8 ambulance fee schedule rates, by designated Medicare locality,  
9 in effect on January 1, 2023.

10 (l) The General Assembly finds that access to ground  
11 ambulance services improves health equity, increases access to  
12 quality care, and reduces health disparities in underserved  
13 communities. Due to the underfunding of these critical  
14 services by the federal Medicare and Medicaid programs, there  
15 is a growing scarcity of non-emergency ground ambulance  
16 services in underserved, minority communities in this State,  
17 including and particularly in those communities with  
18 safety-net hospitals. To address this scarcity, the General  
19 Assembly finds that the State has an interest in providing  
20 funding to nongovernmental ground ambulance providers in  
21 affected communities. The Safety-Net Ambulance Sustainability  
22 Fund is created as a special fund in the State treasury. The  
23 purpose of the Fund is to receive and disburse funds in  
24 accordance with this subsection and for no other purpose. The  
25 Fund shall consist of any federal, State, or private moneys  
26 designated for deposit into the Fund and all interest earned

1 on moneys in the Fund. Moneys in the Fund, including all  
2 accrued interest thereon, shall only be used and disbursed by  
3 the Department to support the operating expenses of  
4 nongovernmental ground ambulance providers in high-Medicaid  
5 communities. Any amounts expended from the Fund that are later  
6 recouped by the Department following an audit or otherwise  
7 shall be returned to the Fund.

8 (Source: P.A. 102-364, eff. 1-1-22; 102-650, eff. 8-27-21;  
9 102-813, eff. 5-13-22; 102-1037, eff. 6-2-22; 103-102, Article  
10 70, Section 70-5, eff. 1-1-24; 103-102, Article 80, Section  
11 80-5, eff. 1-1-24; revised 12-15-23.)