

SENATE FILE NO. SF0053

Ground ambulance service provider assessment act.

Sponsored by: Senate Labor, Health and Social Services
Committee

A BILL

for

1 AN ACT relating to public welfare; establishing a ground
2 ambulance service provider assessment as specified;
3 providing for the use of assessments to obtain federal
4 matching funds; providing for payments to ground ambulance
5 service providers as specified; establishing an account;
6 providing definitions; providing regulatory authority;
7 providing penalties; clarifying an intergovernmental
8 transfer provision; and providing for an effective date.

9

10 *Be It Enacted by the Legislature of the State of Wyoming:*

11

12 **Section 1.** W.S. 42-11-101 through 42-11-109 are
13 created to read:

14

15

CHAPTER 11

1 GROUND AMBULANCE SERVICE PROVIDER ASSESSMENT ACT

2

3 **42-11-101. Short title.**

4

5 This chapter shall be known and may be cited as the
6 "Wyoming Ground Ambulance Service Provider Assessment Act."

7

8 **42-11-102. Definitions.**

9

10 (a) As used in this chapter:

11

12 (i) "Account" means the ground ambulance service
13 provider assessment account created by W.S. 42-11-103;

14

15 (ii) "Ambulance" has the same meaning as defined
16 in W.S. 33-36-102(a)(i)(A) and (B);

17

18 (iii) "Department" means the department of
19 health;

20

21 (iv) "Fiscal year" means the twelve (12) month
22 period beginning October 1 and ending September 30;

23

1 (v) "Ground ambulance service provider" means
2 any person operating a licensed ambulance service designed
3 to operate on the ground;

4

5 (vi) "License" and "licensed" means an ambulance
6 business license issued under W.S. 33-36-104 that is not
7 expired and has not been revoked or suspended;

8

9 (vii) "Medicaid" means the medical assistance
10 program established by title XIX of the federal Social
11 Security Act and administered in this state by the
12 department pursuant to the Wyoming Medical Assistance and
13 Services Act;

14

15 (viii) "Net patient revenue" means all amounts
16 received by a ground ambulance service provider licensed
17 under W.S. 33-36-104 for the provision of licensed, ground
18 ambulance services in the State of Wyoming. The department
19 shall establish a procedure for determining net patient
20 revenue for purposes of the assessment provided under W.S.
21 42-11-104;

22

1 (ix) "Quarterly adjustment payment" means the
2 quarterly payments made to ground ambulance service
3 providers that the department may establish and distribute
4 pursuant to W.S. 42-11-106;

5

6 (x) "Rate enhancement" means Medicaid
7 reimbursement rate increases to ground ambulance service
8 providers, as determined by the department and approved by
9 the Centers for Medicare and Medicaid Services;

10

11 (xi) "Upper payment limit" means a limitation on
12 aggregate Medicaid payments to ground ambulance service
13 providers, or another applicable class of Medicaid payees,
14 as established by the Centers for Medicare and Medicaid
15 Services;

16

17 (xii) "Upper payment limit gap" means the amount
18 calculated annually by the department constituting the
19 difference between the applicable upper payment limit and
20 Medicaid payments made subject to that limit in a fiscal
21 year, excluding any payments authorized by this chapter.

22

1 **42-11-103. Ground ambulance service provider**
2 **assessment account.**

3

4 (a) The ground ambulance service provider assessment
5 account is created.

6

7 (b) The state treasurer shall invest amounts
8 deposited in the account in accordance with law and all
9 investment earnings shall be credited back to the account.
10 Funds in the account are continuously appropriated to the
11 department for the purposes specified in this section.

12

13 (c) The account shall consist of:

14

15 (i) Amounts collected or received by the
16 department from ground ambulance service provider
17 assessments under this chapter;

18

19 (ii) All federal matching funds received by the
20 department as a result of expenditures made by the
21 department pursuant to this chapter.

22

1 (d) The account shall be used exclusively for the
2 following purposes:

3

4 (i) To pay administrative expenses incurred by
5 the department or its agent in performing the activities
6 authorized by this chapter, provided that these expenses
7 shall not exceed a total of one percent (1%) of the
8 aggregate assessment funds collected in the fiscal year;

9

10 (ii) To secure federal matching funds available
11 through the state Medicaid plan as approved pursuant to
12 W.S. 42-11-108, which shall be used to make quarterly
13 adjustment payments or to provide rate enhancements to
14 ground ambulance service providers as provided by this
15 chapter;

16

17 (iii) To repay to the federal government any
18 excess payments received or made to ground ambulance
19 service providers if the state plan, after approval by the
20 Centers for Medicare and Medicaid Services, is subsequently
21 disapproved for any reason and after the state has
22 exhausted all appeals. Ground ambulance service providers
23 shall refund any excess payments to the assessment account.

1 If a ground ambulance service provider is unable to refund
2 payments as provided in this paragraph, the department
3 shall develop a payment plan to recoup deficient payments
4 and accordingly deduct amounts from future Medicaid
5 payments. The department shall refund the federal
6 government for the federal portion of those overpayments;

7

8 (iv) To refund assessments paid by ground
9 ambulance service providers for payments which were earned
10 but not paid by the department, but only after the payments
11 authorized by paragraphs (i) and (iii) of this subsection
12 have been made.

13

14 **42-11-104. Assessments.**

15

16 (a) Each ground ambulance service provider shall pay
17 a ground ambulance service provider assessment to the
18 department in accordance with this section.

19

20 (b) The assessment due under this section shall be
21 imposed each fiscal year in an amount calculated as a
22 uniform percentage of each ground ambulance service
23 provider's net patient revenue. The assessment rate shall

1 be determined by the department on a prospective basis and
2 shall be based on the percentage of ground ambulance
3 service provider net patient revenue necessary to generate
4 an amount not to exceed the nonfederal portion of the upper
5 payment limit gap plus the fee authorized by W.S.
6 42-11-103(d)(i). If a rate enhancement is paid to ground
7 ambulance service providers pursuant to this chapter, the
8 assessment rate shall include a uniform percentage of each
9 ground ambulance service provider's net patient revenue
10 necessary to generate the nonfederal portion of all
11 enhanced rates paid under this chapter plus the fee
12 authorized by W.S. 42-11-103(d)(i). In no event shall
13 assessments or the assessment rate exceed the indirect
14 guarantee threshold amount established by 42 C.F.R.
15 433.68(f)(3)(i) or other federal law.

16

17 (c) Unless otherwise determined by the department,
18 the department shall collect and each ground ambulance
19 service provider shall pay the assessment required by this
20 section on a quarterly basis, each payment constituting
21 twenty-five percent (25%) of the annual assessment
22 determined by the department. The initial payment shall be
23 due not later than forty-five (45) days after the state

1 plan has been approved by the Centers for Medicare and
2 Medicaid Services unless a later date is set by the
3 department. Subsequent payments are due not later than
4 forty-five (45) days after the end of each calendar quarter
5 unless a later date is set by the department.

6

7 (d) If a ground ambulance service provider ceases to
8 operate as an ambulance service or for any reason ceases to
9 be subject to the assessment imposed under this chapter,
10 the assessment for the fiscal year in which the cessation
11 occurs shall be adjusted by multiplying the annual
12 assessment by a fraction, the numerator of which is the
13 number of days in the year during which the ground
14 ambulance service provider is subject to the assessment and
15 the denominator of which is three hundred sixty-five (365).
16 Immediately upon ceasing to operate as an ambulance service
17 provider, or otherwise ceasing to be subject to this
18 chapter, the ground ambulance provider shall pay the
19 assessment for each quarter as adjusted, to the extent not
20 previously paid.

21

22 **42-11-105. Penalties for failure to pay assessment.**

23

1 (a) If a ground ambulance service provider fails to
2 pay an assessment due under this chapter, there shall be
3 added to the assessment a penalty equal to five percent
4 (5%) of the amount of the assessment that was not paid when
5 due. The penalty under this section may be waived by the
6 department for good cause. Any payments made after a
7 penalty is assessed under this section shall be credited
8 first to unpaid assessment amounts rather than to penalty
9 amounts, beginning with the most delinquent installment.

10

11 (b) In addition to the penalty under subsection (a)
12 of this section, the department may implement any of the
13 following remedies for failure of a ground ambulance
14 service provider to pay its assessment when due under this
15 chapter:

16

17 (i) Withhold any Medicaid payments, including
18 any quarterly adjustment payments or rate enhancements,
19 until the assessment is paid;

20

21 (ii) Develop a plan that requires the ground
22 ambulance service provider to pay any delinquent assessment
23 in installments;

1

2 (iii) Suspend or revoke the ground ambulance
3 service provider's license.

4

5 **42-11-106. Payments to ground ambulance service**
6 **providers.**

7

8 (a) Subject to W.S. 42-11-107, the initiation of
9 assessments under W.S. 42-11-104(c) and the federal
10 approval authorized in W.S. 42-11-108, the department shall
11 make quarterly adjustment payments to or implement rate
12 enhancements for ground ambulance service providers as set
13 forth in this section.

14

15 (b) Each ground ambulance service provider that pays
16 assessments under this chapter and meets the eligibility
17 standards set by subsection (c) of this section shall be
18 eligible to receive quarterly adjustment payments as
19 provided in this section. The department shall distribute
20 quarterly adjustment payments in amounts up to but not to
21 exceed the applicable upper payment limit gap. The
22 department shall establish a uniform methodology by which

1 to distribute payments in compliance with applicable
2 federal and state Medicaid laws and regulations.

3

4 (c) Unless otherwise prohibited by federal law, only
5 ground ambulance service providers who meet all of the
6 following requirements shall be eligible to receive a
7 quarterly adjustment payment authorized in subsection (b)
8 of this section:

9

10 (i) Ground ambulance service providers who
11 provide ground ambulance services to Medicaid
12 beneficiaries;

13

14 (ii) Ground ambulance service providers who
15 provide ground ambulance services to Medicare
16 beneficiaries;

17

18 (iii) Ground ambulance service providers who
19 accept as full payment for ground ambulance services any
20 payments made under Wyoming's worker's compensation system;
21 and

22

23 (iv) Ground ambulance service providers who:

1

2 (A) Are network providers for all insurers
3 offering private health benefit plans in this state who
4 maintain not less than a twenty percent (20%) share of the
5 state's individual or small group health insurance market;
6 or

7

8 (B) Have made a bonafide and reasonable
9 offer to become a network provider to all of the insurers
10 identified in subparagraph (A) of this paragraph by
11 offering to accept as network provider reimbursement not
12 more than double the Medicaid reimbursement rate for
13 relevant medical services. The offer required by this
14 subparagraph may be higher to the extent the ground
15 ambulance service provider demonstrates to the department
16 that the actual cost of providing relevant medical services
17 plus six percent (6%) of the actual cost is an amount
18 higher than double the Medicaid reimbursement rate for the
19 relevant medical services.

20

21 (d) To the extent rate enhancements are approved by
22 the Centers for Medicare and Medicaid Services and subject
23 to the collection of assessments under W.S. 42-11-104(b),

1 the department shall provide rate enhancement payments to
2 ground ambulance service providers consistent with
3 applicable federal and state requirements.

4

5 (e) Quarterly payments or rate enhancements shall not
6 be used to offset any other payment by Medicaid for ground
7 ambulance services to Medicaid beneficiaries, including
8 without limitation any fee-for-service, per diem,
9 adjustment or cost settlement payments.

10

11 (f) No ground ambulance service provider is
12 guaranteed, expressly or otherwise, that quarterly
13 adjustment payments or rate enhancements will equal or
14 exceed the amount of ground ambulance service provider
15 assessments due under this chapter.

16

17 (g) Monies made available by this chapter shall not
18 be used to replace other general revenues appropriated and
19 funded by the legislature or other revenues used to support
20 Medicaid.

21

22 **42-11-107. Discontinuation of the assessment and**
23 **payments.**

1

2 (a) The assessments imposed by this chapter shall be
3 discontinued or not allowed if:

4

5 (i) The state plan amendment or other agreement
6 with the Centers for Medicare and Medicaid Services
7 reflecting the payments authorized by this chapter is not
8 approved by the Centers for Medicare and Medicaid Services.
9 The department may modify the payment or qualification
10 provisions as necessary to obtain the Centers for Medicare
11 and Medicaid Services approval if the changes do not exceed
12 the authority and purposes of this chapter;

13

14 (ii) Federal financial participation to match
15 assessments under this chapter becomes unavailable under
16 federal law. In this event, the department shall terminate
17 the imposition of assessments beginning on the date the
18 federal statutory, regulatory or interpretive change takes
19 effect.

20

21 (b) If the collection of assessments is discontinued
22 as provided in this section, payments or rate enhancements
23 under this chapter shall be discontinued and, after payment

1 of all amounts under W.S. 42-11-103(d)(i) and (iii), any
2 assessments remaining in the account shall be returned to
3 the ground ambulance service providers from which the
4 assessments were collected on the same basis as they were
5 collected.

6

7 (c) If the department is collecting assessments for
8 both quarterly adjustment payments and rate enhancements
9 and both collections are not discontinued, the department
10 shall continue to maintain the account as required by this
11 chapter for the type of assessment that continues to be
12 collected.

13

14 **42-11-108. Approval of state plan; rulemaking.**

15

16 (a) The department shall seek necessary federal
17 approval in the form of state plan amendments or otherwise
18 in order to implement the provisions of this chapter. The
19 department shall be deemed to satisfy this requirement by
20 seeking approval for the operation of an upper payment
21 limit program that provides for quarterly adjustment
22 payments, by seeking approval for rate enhancements, or
23 both. While seeking federal approval under this

1 subsection, the department may modify payment or
2 qualification provisions as necessary to obtain the Centers
3 for Medicare and Medicaid Services approval if the changes
4 do not exceed the authority and purposes of this chapter.

5

6 (b) The department shall adopt rules and regulations
7 necessary to implement the provisions of this chapter.

8

9 **42-11-109. Multiple ambulance services.**

10

11 If a person conducts, operates or maintains more than one
12 (1) ground ambulance service provider licensed by the
13 department, the person shall pay the assessment for each
14 ground ambulance service provider separately.

15

16 **Section 2.** W.S. 42-4-104(b)(ix) is amended to read:

17

18 **42-4-104. Powers and duties of department of health;**
19 **state Medicaid agent appointed by governor.**

20

21 (b) In carrying out subsection (a) of this section,
22 the department may:

23

1 (ix) Enter into intergovernmental transfer
2 arrangements with qualifying facilities and providers in
3 which all federal funding received as a result of the
4 intergovernmental transfer arrangements shall be
5 distributed to participating facilities and providers;

6

7 **Section 3.** This act is effective immediately upon
8 completion of all acts necessary for a bill to become law
9 as provided by Article 4, Section 8 of the Wyoming
10 Constitution.

11

12

(END)