

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

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ambulance services payments.

8 (a) For ambulance services provided to a recipient of aid
9 under this Article on or after January 1, 1993, the Illinois
10 Department shall reimburse ambulance service providers at
11 rates calculated in accordance with this Section. It is the
12 intent of the General Assembly to provide adequate
13 reimbursement for ambulance services so as to ensure adequate
14 access to services for recipients of aid under this Article
15 and to provide appropriate incentives to ambulance service
16 providers to provide services in an efficient and
17 cost-effective manner. Thus, it is the intent of the General
18 Assembly that the Illinois Department implement a
19 reimbursement system for ambulance services that, to the
20 extent practicable and subject to the availability of funds
21 appropriated by the General Assembly for this purpose, is
22 consistent with the payment principles of Medicare. To ensure
23 uniformity between the payment principles of Medicare and

1 Medicaid, the Illinois Department shall follow, to the extent
2 necessary and practicable and subject to the availability of
3 funds appropriated by the General Assembly for this purpose,
4 the statutes, laws, regulations, policies, procedures,
5 principles, definitions, guidelines, and manuals used to
6 determine the amounts paid to ambulance service providers
7 under Title XVIII of the Social Security Act (Medicare).

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

15 (c) For purposes of this Section, "ambulance services"
16 includes medical transportation services provided by means of
17 an ambulance, medi-car, service car, or taxi.

18 (c-1) For purposes of this Section, "ground ambulance
19 service" means medical transportation services that are
20 described as ground ambulance services by the Centers for
21 Medicare and Medicaid Services and provided in a vehicle that
22 is licensed as an ambulance by the Illinois Department of
23 Public Health pursuant to the Emergency Medical Services (EMS)
24 Systems Act.

25 (c-2) For purposes of this Section, "ground ambulance
26 service provider" means a vehicle service provider as

1 described in the Emergency Medical Services (EMS) Systems Act
2 that operates licensed ambulances for the purpose of providing
3 emergency ambulance services, or non-emergency ambulance
4 services, or both. For purposes of this Section, this includes
5 both ambulance providers and ambulance suppliers as described
6 by the Centers for Medicare and Medicaid Services.

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

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

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

21 (e) Beginning with services rendered on or after July 1,
22 2008, all providers of non-emergency medi-car and service car
23 transportation must certify that the driver and employee
24 attendant, as applicable, have completed a safety program
25 approved by the Department to protect both the patient and the
26 driver, prior to transporting a patient. The provider must

1 maintain this certification in its records. The provider shall
2 produce such documentation upon demand by the Department or
3 its representative. Failure to produce documentation of such
4 training shall result in recovery of any payments made by the
5 Department for services rendered by a non-certified driver or
6 employee attendant. Medi-car and service car providers must
7 maintain legible documentation in their records of the driver
8 and, as applicable, employee attendant that actually
9 transported the patient. Providers must recertify all drivers
10 and employee attendants every 3 years.

11 Notwithstanding the requirements above, any public
12 transportation provider of medi-car and service car
13 transportation that receives federal funding under 49 U.S.C.
14 5307 and 5311 need not certify its drivers and employee
15 attendants under this Section, since safety training is
16 already federally mandated.

17 (f) With respect to any policy or program administered by
18 the Department or its agent regarding approval of
19 non-emergency medical transportation by ground ambulance
20 service providers, including, but not limited to, the
21 Non-Emergency Transportation Services Prior Approval Program
22 (NETSPAP), the Department shall establish by rule a process by
23 which ~~ground ambulance service~~ providers of ambulance
24 services, as defined in subsection (c), non-emergency medical
25 ~~transportation~~ may appeal any decision by the Department or
26 its agent for which no denial was received prior to the time of

1 transport that either (i) denies a request for approval for
2 payment of ambulance services ~~non-emergency transportation by~~
3 ~~means of ground ambulance service~~ or (ii) grants a request for
4 approval of ambulance services ~~non-emergency transportation~~ by
5 means of ~~ground ambulance~~ service at a level of service that
6 entitles the ~~ground ambulance service~~ provider to a lower
7 level of compensation from the Department than the ~~ground~~
8 ~~ambulance service~~ provider would have received as compensation
9 for the level of service requested. For all claims under this
10 subsection concerning ambulance services provided to
11 fee-for-service Medicaid beneficiaries denied for failure of
12 submittal of a valid Physician Certification Statement,
13 Certificate of Transportation Services, or Medical
14 Certification for Non-Emergency Ambulance on and after
15 December 15, 2012, the provider shall be able to appeal such
16 denial and establish the medical necessity of the transport
17 utilizing the patient care report and any other materials
18 available in accordance with the criteria established in
19 subsection (f-5). A Physician Certification Statement,
20 Certificate of Transportation Services, or Medical
21 Certification for Non-Emergency Ambulance form is not
22 necessary to establish subject matter jurisdiction for appeal
23 or medical necessity on appeal but may be considered if
24 available. All Department rules, or parts thereof, in conflict
25 with the provisions of this subsection shall not apply.
26 However, nothing in this amendatory Act of the 102nd General

1 Assembly shall be construed to affect any rights, actions, or
2 causes of action that existed or accrued prior to the
3 effective date of this amendatory Act of the 102nd General
4 Assembly, except that the non-necessity of a Physician
5 Certification Statement, Certificate of Transportation
6 Services, or Medical Certification for Non-Emergency Ambulance
7 form as provided in this subsection shall be retroactively
8 applied to the full extent permissible, including allowing any
9 claims denied for failure to procure such form which were not
10 appealed at the time of denial to have an opportunity for
11 proper appeal. The rule shall be filed by December 15, 2012 and
12 shall provide that, for any decision rendered by the
13 Department or its agent on or after the date the rule takes
14 effect, the ground ambulance service provider shall have 60
15 days from the date the decision is received to file an appeal
16 with the exception of claims for ambulance transports provided
17 to fee-for-service Medicaid beneficiaries which were denied
18 prior to January 1, 2020 for failure of submittal of a valid
19 Physician Certification Statement, Certificate of
20 Transportation Services, or Medical Certification for
21 Non-Emergency Ambulance which can be appealed at any time. The
22 rule established by the Department shall be, insofar as is
23 practical, consistent with the Illinois Administrative
24 Procedure Act. The Director's decision on an appeal under this
25 Section shall be a final administrative decision subject to
26 review under the Administrative Review Law.

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

15 (g) Whenever a patient covered by a medical assistance
16 program under this Code or by another medical program
17 administered by the Department, including a patient covered
18 under the State's Medicaid managed care program, is being
19 transported from a facility and requires non-emergency
20 transportation including ground ambulance, medi-car, or
21 service car transportation, a Physician Certification
22 Statement as described in this Section shall be required for
23 each patient. Facilities shall develop procedures for a
24 licensed medical professional to provide a written and signed
25 Physician Certification Statement. The Physician Certification
26 Statement shall specify the level of transportation services

1 needed and complete a medical certification establishing the
2 criteria for approval of non-emergency ambulance
3 transportation, as published by the Department of Healthcare
4 and Family Services, that is met by the patient. This
5 certification shall be completed prior to ordering the
6 transportation service and prior to patient discharge. The
7 Physician Certification Statement is not required prior to
8 transport if a delay in transport can be expected to
9 negatively affect the patient outcome. If the ground ambulance
10 provider, medi-car provider, or service car provider is unable
11 to obtain the required Physician Certification Statement
12 within 10 calendar days following the date of the service, the
13 ground ambulance provider, medi-car provider, or service car
14 provider must document its attempt to obtain the requested
15 certification and may then submit the claim for payment.
16 Acceptable documentation includes a signed return receipt from
17 the U.S. Postal Service, facsimile receipt, email receipt, or
18 other similar service that evidences that the ground ambulance
19 provider, medi-car provider, or service car provider attempted
20 to obtain the required Physician Certification Statement.

21 The medical certification specifying the level and type of
22 non-emergency transportation needed shall be in the form of
23 the Physician Certification Statement on a standardized form
24 prescribed by the Department of Healthcare and Family
25 Services. Within 75 days after July 27, 2018 (the effective
26 date of Public Act 100-646), the Department of Healthcare and

1 Family Services shall develop a standardized form of the
2 Physician Certification Statement specifying the level and
3 type of transportation services needed in consultation with
4 the Department of Public Health, Medicaid managed care
5 organizations, a statewide association representing ambulance
6 providers, a statewide association representing hospitals, 3
7 statewide associations representing nursing homes, and other
8 stakeholders. The Physician Certification Statement shall
9 include, but is not limited to, the criteria necessary to
10 demonstrate medical necessity for the level of transport
11 needed as required by (i) the Department of Healthcare and
12 Family Services and (ii) the federal Centers for Medicare and
13 Medicaid Services as outlined in the Centers for Medicare and
14 Medicaid Services' Medicare Benefit Policy Manual, Pub.
15 100-02, Chap. 10, Sec. 10.2.1, et seq. The use of the Physician
16 Certification Statement shall satisfy the obligations of
17 hospitals under Section 6.22 of the Hospital Licensing Act and
18 nursing homes under Section 2-217 of the Nursing Home Care
19 Act. Implementation and acceptance of the Physician
20 Certification Statement shall take place no later than 90 days
21 after the issuance of the Physician Certification Statement by
22 the Department of Healthcare and Family Services.

23 Pursuant to subsection (E) of Section 12-4.25 of this
24 Code, the Department is entitled to recover overpayments paid
25 to a provider or vendor, including, but not limited to, from
26 the discharging physician, the discharging facility, and the

1 ground ambulance service provider, in instances where a
2 non-emergency ground ambulance service is rendered as the
3 result of improper or false certification.

4 Beginning October 1, 2018, the Department of Healthcare
5 and Family Services shall collect data from Medicaid managed
6 care organizations and transportation brokers, including the
7 Department's NETSPAP broker, regarding denials and appeals
8 related to the missing or incomplete Physician Certification
9 Statement forms and overall compliance with this subsection.
10 The Department of Healthcare and Family Services shall publish
11 quarterly results on its website within 15 days following the
12 end of each quarter.

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

18 (i) On and after July 1, 2018, the Department shall
19 increase the base rate of reimbursement for both base charges
20 and mileage charges for ground ambulance service providers for
21 medical transportation services provided by means of a ground
22 ambulance to a level not lower than 112% of the base rate in
23 effect as of June 30, 2018.

24 (Source: P.A. 100-587, eff. 6-4-18; 100-646, eff. 7-27-18;
25 101-81, eff. 7-12-19; 101-649, eff. 7-7-20.)