



Executive Committee

Filed: 2/25/2009

09600HB0542ham001

LRB096 03750 DRJ 21322 a

1 AMENDMENT TO HOUSE BILL 542

2 AMENDMENT NO. _____. Amend House Bill 542 by replacing
3 everything after the enacting clause with the following:

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

1 intent of the General Assembly that the Illinois Department
2 implement a reimbursement system for ambulance services that,
3 to the extent practicable and subject to the availability of
4 funds 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 under
13 Title XVIII of the Social Security Act (Medicare).

14 For ambulance services provided to a recipient of aid under
15 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 For purposes of this Section, "ambulance services"
22 includes medical transportation services provided by means of
23 an ambulance, medi-car, service car, or taxi.

24 This Section does not prohibit separate billing by
25 ambulance service providers for oxygen furnished while
26 providing advanced life support services.

1 Beginning with services rendered on or after July 1, 2008,
2 all providers of non-emergency medi-car and service car
3 transportation must certify that the driver and employee
4 attendant, as applicable, have completed a safety program
5 approved by the Department to protect both the patient and the
6 driver, prior to transporting a patient. The provider must
7 maintain this certification in its records. The provider shall
8 produce such documentation upon demand by the Department or its
9 representative. Failure to produce documentation of such
10 training shall result in recovery of any payments made by the
11 Department for services rendered by a non-certified driver or
12 employee attendant. Medi-car and service car providers must
13 maintain legible documentation in their records of the driver
14 and, as applicable, employee attendant that actually
15 transported the patient. Providers must recertify all drivers
16 and employee attendants every 3 years.

17 Notwithstanding the requirements above, any public
18 transportation provider of medi-car and service car
19 transportation that receives federal funding under 49 U.S.C.
20 5307 and 5311 need not certify its drivers and employee
21 attendants under this Section, since safety training is already
22 federally mandated.

23 (Source: P.A. 95-501, eff. 8-28-07.)".