

2021 Kansas Statutes

65-6160. Same; intergovernmental transfer program; duties of department of health and environment; requirements; no additional state general fund expenditures; federal approval. (a) The department of health and environment shall design and implement, in consultation and coordination with eligible providers as described in subsection (b), an intergovernmental transfer program relating to medicaid managed care, ground emergency medical transport services and those services provided by emergency medical services personnel at the emergency medical responder, emergency medical technician, advanced emergency medical technician and paramedic levels in the pre-stabilization and preparation for transport.

(b) A provider shall be eligible to transfer public funds to the state pursuant to this section only if the provider meets both of the following conditions in an applicable reporting period:

(1) Provides ground emergency medical transport services to medicaid managed care enrollees pursuant to a contract or other arrangement with a medicaid managed care plan; and

(2) is owned or operated by the state, a political subdivision or local government that employs or contracts with persons or providers who are licensed or permitted to provide emergency medical services in the state of Kansas, including hospitals and private entities to the extent permissible under federal law.

(c) To the extent intergovernmental transfers are voluntarily made by, and accepted from, an eligible provider described in subsection (b), or a governmental entity affiliated with an eligible provider, the department shall make increased capitation payments to applicable medicaid managed care plans.

(1) The increased capitation payments made pursuant to this section shall be, at a minimum, in actuarially determined amounts to the extent permissible under federal law.

(2) Except as provided in subsection (f), funds associated with intergovernmental transfers made and accepted pursuant to this section shall be used to fund additional payments to medicaid managed care plans.

(3) Medicaid managed care plans shall enter into contracts or contract amendments with eligible providers for the disbursement of increased capitation payments made pursuant to this section.

(d) The intergovernmental transfer program developed pursuant to this section shall be implemented on the date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. To the extent permissible under federal law, the department shall implement the intergovernmental transfer program and increased capitation payments under this section on a retroactive basis as approved by the federal centers for medicare and medicaid services.

(e) Participation in the intergovernmental transfers under this section is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

(f) This section shall be implemented without any additional expenditure from the state general fund. As a condition of participation under this section, each eligible provider as described in subsection (b), or the governmental entity affiliated with an eligible provider, shall agree to reimburse the department for any costs associated with implementing this section. Intergovernmental transfers described in this section are subject to an administration fee of up to 20% of the non-federal share paid to the department and shall be allowed to count as a cost of providing the services not to exceed 120% of the total amount.

(g) As a condition of participation under this section, medicaid managed care plans,

eligible providers as described in subsection (b), and governmental entities affiliated with eligible providers shall agree to comply with any requests for information or similar data requirements imposed by the department for purposes of obtaining supporting documentation necessary to claim federal funds or to obtain federal approvals.

(h) This section shall be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized and any necessary federal approvals have been obtained.

(i) To the extent that the department determines that the payments made pursuant to this section do not comply with federal medicaid requirements, the department may return or not accept an intergovernmental transfer and may adjust payments pursuant to this section as necessary to comply with federal medicaid requirements.

(j) The state of Kansas and the department of health and environment shall implement whatever program the federal centers for medicare and medicaid services approves for use in Kansas under K.S.A. 65-6159 and 65-6160, and amendments thereto.

History: L. 2017, ch. 94, § 2; July 1.