# S.B. 218 132nd General Assembly (As Introduced)

Sens. Lehner, Eklund

### **BILL SUMMARY**

- Prohibits the Department of Medicaid from entering into or revalidating a Medicaid provider agreement with a provider of ambulance or ambulette services, an independent provider of personal care or private duty nursing services, or a home health agency unless two conditions are met.
- Establishes as the first condition a requirement that a surety bond be filed with the
  Department (\$50,000 for an ambulance or ambulette services provider or a home
  health agency and \$10,000 for an independent provider of personal care or private
  duty nursing services).
- Establishes as the second condition a requirement that training on general Medicaid
  payment principles, Medicaid provider agreement terms, and other issues specified
  in rules be completed before the initial agreement is entered into and each time it is
  revalidated.

## **CONTENT AND OPERATION**

## Conditions for obtaining or revalidating a Medicaid provider agreement

The bill prohibits the Department of Medicaid from entering into or revalidating a Medicaid provider agreement with an ambulance or ambulette services provider, an independent provider, or a home health agency unless two conditions are met. The conditions do not apply when the ambulance or ambulette is owned or operated by a government entity.<sup>1</sup> A Medicaid provider agreement is needed to bill and be paid for providing services under the Medicaid program.<sup>2</sup>

The first condition is that the provider or agency must file with the Department a surety bond issued by a company licensed to do business in Ohio. In the case of an ambulance or ambulette services provider and a home health agency, the surety bond must be \$50,000. The surety bond for an independent provider must be \$10,000.<sup>3</sup>

The second condition is that the provider or agency must complete training requirements the Medicaid Director is to establish in rules. The rules must include training on general Medicaid payment principles and Medicaid provider agreement terms. The training must be completed before the provider or agency obtains an initial Medicaid provider agreement and each time the provider agreement is revalidated.<sup>4</sup>

## Rule-making duty

The bill requires the Medicaid Director to adopt rules establishing any standards and procedures the Director considers necessary to implement the bill. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).<sup>5</sup>

#### **Definitions**

An ambulance is a motor vehicle that is specifically designed, constructed, or modified, and equipped and intended to be used, for both of the following: (1) to provide basic life support, intermediate life support, advanced life support, or mobile intensive care unit services for persons who are seriously ill, injured, wounded, or otherwise incapacitated or helpless and (2) to transport such persons. Neither air medical transportation nor a vehicle designed and used solely for the transportation of nonstretcher-bound persons (whether hospitalized, handicapped, ambulatory, or confined to a wheelchair) is an ambulance.<sup>6</sup>

<sup>&</sup>lt;sup>1</sup> R.C. 5164.302(A)(1) and (B).

<sup>&</sup>lt;sup>2</sup> R.C. 5164.30, not in the bill.

<sup>&</sup>lt;sup>3</sup> R.C. 5164.302(B)(1).

<sup>&</sup>lt;sup>4</sup> R.C. 5164.302(B)(2) and (C)(1).

<sup>&</sup>lt;sup>5</sup> R.C. 5164.02, not in the bill, and 5164.302(C)(2).

<sup>&</sup>lt;sup>6</sup> R.C. 4766.01, not in the bill, and 5164.302(A)(1).

An ambulette is a motor vehicle that is specifically designed, constructed, or modified and equipped, and is intended to be used, to transport persons who require use of a wheelchair.<sup>7</sup>

An independent provider is a provider of personal care or private duty nursing services who is self-employed and does not employ, directly or through contract, another person to provide the services.<sup>8</sup>

A home health agency provides certain services, such as nursing services, home health aide services, physical therapy, occupational therapy, speech pathology, or audiology services, to a person at the person's place of residence.<sup>9</sup>

## **HISTORY**

ACTION DATE

Introduced 10-17-17

S0218-I-132.docx/ks

<sup>&</sup>lt;sup>9</sup> R.C. 5164.302(A)(3) and 42 Code of Federal Regulations 440.70.



Legislative Service Commission

<sup>&</sup>lt;sup>7</sup> R.C. 4766.01, not in the bill, and 5164.302(A)(1).

<sup>&</sup>lt;sup>8</sup> R.C. 5164.302(A)(2).