

**BILL SUMMARY**  
1<sup>st</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB744</b>
<b>Version:</b>	<b>ENGR</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. Wallace and Sen. Thompson</b>
<b>Date:</b>	<b>4/4/2023</b>
<b>Impact:</b>	<b>No impact</b>

**Research Analysis**

SB 744 changes the way that a supplemental Medicaid reimbursement for ground emergency medical transportation services is calculated and paid to ambulance service providers. For services reimbursed through fee-for-service contracts, reimbursements will be calculated and paid based on the amount of federal financial participation received because of the claims that were submitted to the federal government by the Health Care Authority. For services reimbursed through capitated contracts, reimbursements will be calculated and paid based on an amount to be determined in accordance with the approved directed payment pre-print according to claims that were submitted to the federal government by the Health Care Authority. The measure also allows a governmental entity seeking a supplemental reimbursement on behalf of an eligible provider to enter into an intergovernmental agreement with the Health Care Authority to substitute for certain requirements.

Prepared By: Keana Swadley

**Fiscal Analysis**

Per OHCA: No state impact. SB744 stipulates that the amount of supplement reimbursement to providers through capitated contracts shall be determined within the approved directed payment based on claims submitted to the federal government by the Health Care Authority. The measure also specifies that intergovernmental agreements substitute for other stated requirements for participating providers who are governmental entities.

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**Other Considerations**

None.