Medicaid
Ambulance Programs

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Presented To
Emergency Medical Services
Study Committee
Primary Medicaid Programs Providing Emergency Services

- Ambulance – Medicaid contracts and pays ambulance providers directly through Fee-For-Service (FFS)
- Managed Care Plans – Medicaid managed care plans cover ambulance services through their contracts with providers
Ambulance Services - Managed Care

• Medicaid pays a capitation payment to the health plan to cover all services included in the contract. The plan is responsible for covering all services.

• Ambulance services are provided through 2 contracted managed care providers:
  • Iowa Plan - Magellan Behavioral Health (Ambulance related to Mental health or substance abuse conditions)
  • HMO - Meridian Health Plan (Primary & preventive health care for parents and children populations)

• Both managed care programs contract with individual ambulance providers to form ambulance networks.

• These 2 programs negotiate rates with their networks.
FFS Ambulance Program

For members who require:

• Emergency medical transportation
• Transport because medical conditions preclude any other method of transportation

Reimbursement Methodology

• Fee for service, rates set by annual Appropriations Bill
• Published on IME website

Reimbursement Increase – 10% Increase July 1, 2013

IME Oversight –

• Medical Services and Program Integrity Reviews
• Certification by Iowa Dept. of Public Health
Ambulance Coverage - IowaCare

- The IowaCare program provided low income adults with very limited benefits and access to providers
- IowaCare did not cover ambulance services
- IowaCare ends 12/31/13 and will be replaced by the Iowa Health and Wellness Program, which does cover ambulance
  - Wellness Plan 0-100% FPL\(^1\) – Ambulance coverage same as Medicaid
  - Marketplace Choice 101%-138% FPL\(^1\) – Ambulance coverage per commercial plan contracts and reimbursement

\(^1\) Federal Poverty Level (FPL)
Medicaid Provider Requirements

• IAC 441 77.11 (249A) Providers of ambulance service are eligible to participate providing they meet the eligibility requirements for participation in the Medicare program (Title XVIII of the SSA).
  • Standards defer to State and local laws for final authority.
  • Iowa Law: 641 IAC 132.1 (147A) Bureau of EMS

• Required Enrollment Documentation
  • Providers must be enrolled as Medicare Providers
  • Must have DPH/EMS certification
  • Must sign a Medicaid Provider Agreement
  • Must disclose certain federally required information
  • Verification of Ambulance Compliance Form (DHS 470-3748)

• Ambulance programs are ACA-designated as moderate risk programs
  • Requires IME site visit
Ambulance State Plan
Program Data
SFY 13

Total Medicaid Expenditure $5,180,015*

Total Ambulance Trips 43,996

Unduplicated Members 25,315

* Includes state and federal funds.
Medicaid Ambulance Providers

- Total Currently Enrolled: 456
- Enrollment Criteria: IDPH License
  - IDPH License
  - Ambulance Verification of Compliance Form (DHS 470-3748)
- Provider Types:
  - A combination of hospital based, local city/town/county based or private providers, examples include:
    - Fire Departments
    - Hospitals
    - City or County Emergency Services
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<td>Basic Life Support (BLS) Routine Disposable Supplies</td>
<td>$4.32 Flat rate</td>
<td>Fixed Wing – 1 Way</td>
<td>$206.90 Flat rate</td>
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<td>Advanced Life Support (ALS) Routine Disposable Supplies</td>
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<td>Oxygen &amp; Supplies BLS &amp; ALS</td>
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The 5 Common Questions
• By ground, airplane or helicopter?
• Basic or advanced life support?
• How many miles?
• Disposable supplies?
• Oxygen required?

For Example- An emergency transport for a member who required ground transport from his rural home to the nearest hospital emergency:
• Ground transport at BLS level (flat) $ 69.98
• 100 miles @ $2.16/per mile $216.00
• Disposable supplies $ 4.32
• No oxygen $ 0.00

Total: $290.03
Medicare Ambulance Reimbursement

• There is interest in changing to the Medicare methodology.

• The Medicare methodology is more complex.

• Comparing the current fee schedule to the Medicare methodology –
  
  Apples to oranges
Medicare Claim Calculation

• In addition to the 5 questions to complete a current Ambulance claim----

• Some additional factors impacting Medicare reimbursement for each ambulance claim ----
  • Rural point of pick up?
  • Factor additional reimbursement for first 17 miles of rural pickup
  • The pick up point? A residence, a NF or a hospital?
  • Total loaded mileage total when a member was in ambulance vs. the unloaded mileage?
  • Destination – Urban or rural?
  • Total mileage calculated to 1/10 mile?
  • National base rate?
  • % of adjustment needed for the rural or urban location of the company?

• It is much more complex to calculate a Medicare claim
• It may be difficult to determine the fiscal impact of a shift to Medicare methodology
Questions?

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