

SB 389_MA Reimbursement for EMS_MIEMSS Position Pa

Uploaded by: Delbridge, Theodore

Position: FAV



Senate Bill 389: Maryland Medical Assistance Program Emergency Services Transporters – Reimbursement

State of Maryland

**Maryland
Institute for
Emergency Medical
Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

Larry Hogan
Governor

Clay B. Stamp, NRP
Chairman
Emergency Medical
Services Board

Theodore R. Delbridge, MD, MPH
Executive Director

410-706-5074
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MIEMSS Position: Support

Bill Summary: SB 389: (1) modifies existing law to remove the Medicaid requirement that EMS medical services must be provided “while transporting the Program recipient to a facility” in order for EMS to be reimbursed for care provided to a 9-1-1 patient who is a Medicaid enrollee; and (2) requires Medicaid to increase reimbursement for EMS medical transportation / medical services by \$25 for each fiscal year until the reimbursement reaches at least \$300;

Rationale:

- **SB 389 requires Medicaid to reimburse EMS for Medicaid patients who are treated but not transported**
 - EMS often encounters patients who call 9-1-1, receive EMS treatment and then refuse transport to the hospital.
 - Currently, Medicaid requires that EMS must transport the patient to a hospital in order to be reimbursed.
 - EMS receives no reimbursement for the services, medications and supplies used to treat patients who refuse to be transported – a form of uncompensated care.

- **SB 389 increases Medicaid payment to EMS by \$25/year to reach at least \$300**
 - **Current Maryland Medicaid reimbursement for EMS is a flat \$100 which has remained unchanged since 1999.** EMS receives a flat \$100 fee regardless of the costs to EMS for the care and transport provided to the 9-1-1 patient. The Medicaid reimbursement amount to EMS is the same, whether the care provided is at the advanced life support (ALS) or basic life support (BLS) level. Services, medications, and supplies provided by EMS at a scene or during transport are currently not eligible for separate reimbursement, and Medicaid does not reimburse EMS for mileage.
 - Operating costs for EMS jurisdictions include personnel salary and benefits, facilities, equipment, and supplies (including pharmaceuticals provided to patients) – all of which continue to increase. In 2019, EMS unit response costs averaged \$640 in Baltimore City; \$500 in Montgomery County; and \$664 in Prince George’s County. *See “Coverage & Reimbursement for Emergency Medical Services New Care Delivery Models and Uncompensated Care Costs. Report required under SB 682.” January 2019.*
 - Medicaid reimbursement to EMS should be increased to more appropriately compensate EMS for care and to account for the costs that EMS incurs in responding to and treating Medicaid enrollees who call 9-1-1 for emergency care.

- **SB 389 will permit Medicaid reimbursement for medical services EMS provides to 9-1-1 patients who are Medicaid enrollees regardless of whether the patient is transported.**

- **SB 389 will provide modest increases of \$25/year – the first increases since 1999 – to EMS for medical services provided to Medicaid enrollees.**

MIEMSS Supports SB 389 and Requests a Favorable Report

SB389_Gallion_Favorable.pdf

Uploaded by: Gallion, Senator

Position: FAV

JASON C. GALLION
Legislative District 35
Harford and Cecil Counties

Education, Health, and
Environmental Affairs Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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District Office
64 S. Main Street
Port Deposit, Maryland 21904

February 2nd, 2021

The Honorable Dolores Kelley, Chair and Members

Senate Finance Committee

Re: Senate Bill SB 389 – Maryland Medical Assistance Program – Emergency Service
Transporters - Reimbursement

Position: Favorable

Chairwoman Kelley and Finance Committee Members:

SB 389 alters the reimbursement rate for certain services provided by emergency service transporters.

For a number of years the reimbursement rate for volunteer fire, rescue, or EMS has been fixed at \$100 per transport. An increase to this rate is long overdue, the current rate is no longer a sufficient reimbursement for transporters.

The proposed amendments to SB 389 would allow reimbursement for services to patients that are treated but not transported to a facility and increase the reimbursement rate starting in FY 2022 by \$25 each year until the rate for services is at least \$300.

Thank you for your consideration regarding this proposed legislation.

Regards,

A handwritten signature in blue ink that reads "Jason Gallion".

Senator Jason Gallion

MRHA SB389 - Maryland Medical Assistance Program -

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Finance Committee

February 2, 2021

Senate Bill 389 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Gallion, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 389 Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement.

MRHA supports this legislation that requires the Maryland Department of Health to increase the amount of certain reimbursement for emergency service transporters by \$25 each fiscal year, beginning in fiscal year 2022, until the rate is at least \$300.

Rural Marylanders suffer from lack of access to emergency transportation, and quality and equitable transportation in general, so this increased reimbursement would provide incentive to increased access to these services across rural Maryland.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

SB0389-FIN_MACo_SUP.pdf

Uploaded by: Sanderson, Michael

Position: FAV



MARYLAND
Association of
COUNTIES

Senate Bill 389

Maryland Medical Assistance Program - Emergency Service Transporters - Reimbursement

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 2, 2021

From: Michael Sanderson

The Maryland Association of Counties (MACo) **SUPPORTS SB 389**. This bill proposes modernizing changes to the Medicaid reimbursement scheme for emergency service visits and transportation.

Medical care has evolved with time, but federal and state rules governing them – especially the largest health care programs, Medicare and Medicaid – have often failed to keep pace. One such example is with emergency transporters who offer on-site services and delivery to facilities.

SB 389 sensibly targets this problem, bringing Medicaid reimbursement gradually closer to the actual costs of these mobile services. By removing the condition of “transporting the Program recipient to a facility,” the bill recognizes that much emergency and immediate care is offered by the trained ambulance staff, independent of whether a delivery is ultimately needed. Further, when payment is suitable, SB 389 adjusts the state-authorized payment level annually to approach a value more connected to actual service costs. Both changes are welcome and due.

SB 389 brings Medicaid’s system of compensating emergency care closer to the realities, and costs, of modern times. For these reasons, MACo requests the Committee give SB 389 a **FAVORABLE** report.

5 - FIN - SB 389 - MD Medical Assistance Program -

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 2, 2021

The Honorable Delores G. Kelley
Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB 389 – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill 389 (SB 389) – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement.

SB 389 requires MDH to increase the amount of reimbursement for emergency medical transportations of Medicaid beneficiaries by \$25.00 each fiscal year, beginning in State Fiscal Year 2022 (SFY22), until the reimbursement is at least \$300.00. The bill would also require MDH to reimburse for Emergency Medical Services (EMS) transporters for every transport completed. In CY18, the Medicaid Program reimbursed EMS providers for 115,474 emergency transports at the flat rate of \$100¹ per transport, subject to a 50% federal match. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) estimated that 13% of participants who called 911 from CY 2015 through CY 2018 did not receive transport. Assuming the 115,474 transports represent 87% of calls that would be eligible for payment under SB 389, the Department would also expect an additional 17,255 new transports would be eligible for reimbursement under the bill.

Increasing the rate by \$25 every fiscal year and paying for an additional 17,255 new transports annually would add the following to the cost of transportations:

FY22	\$5.04 million TF (\$2.52 million GF, \$2.52 million FF)
FY23	\$8.4 million TF (\$4.2 million GF, \$4.2 million FF)
FY24	\$11.7 million TF (\$5.84 million GF, \$5.84 million FF)
FY25	\$15 million TF (\$7.5 million GF, \$7.5 million FF)
FY26	\$18.3 million TF (\$9.16 million GF, \$9.16 million FF)

MDH recognizes the challenges faced by EMS providers as they face high volumes of 9-1-1 calls and emergency department wait times that exceed the national average. To that end, MDH has submitted, pending approval, an amendment to the Maryland State Medical Assistance State Plan that will create a public Emergency Service Transporter Supplemental Payment Program (ESPP) for eligible public EMS providers. The payment will be based on Certification of Public Expenditures (CPE) and matching federal

¹ This fee has not been updated since 1999.

Medicaid funds. **No new state general funds will be used; therefore, this program is budget neutral to MDH except for administrative costs associated with program administration.**

The proposed State Plan Amendment will increase funding to eligible Emergency Service Transporters by providing a federal match for qualifying state-based expenditures incurred through the provision of qualifying services as documented in a CPE. Eligible EMS providers would be able to document their total cost of providing an emergency medical transport, and receive a 50% federal match for the difference between that total expended cost and the Medicaid reimbursement for transports (currently \$100). In SFY22, an estimated \$60 million in State expenditures will be matched by \$60 million in federal Medicaid funds. These federal matching funds will be dispersed to eligible providers based on the CPEs submitted.

Currently, 14 of the 105 EMS providers in Maryland are eligible. In CY18, these 14 Jurisdictional EMS Operation Programs provided 82% of Medicaid EMS transports. It is expected that this number will rise as more providers meet the requirements. Most of the ineligible providers are commercial services and volunteer fire departments, as they do not have qualifying state-based expenditures.

If the ESPP is approved by CMS, and SB 389 passes, then the applicable Medicaid reimbursement rate would be used in the yearly CPE calculations for eligible emergency service transporters.

I hope this information is useful. If you would like to discuss this further, please contact me at webster.ye@maryland.gov or Deputy Director of Governmental Affairs, Heather Shek, at (443) 695-4218 410-260-3190 or heather.shek@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Webster Ye".

Webster Ye
Assistant Secretary