



Medicaid Ambulance Programs

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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% FPL¹ – Ambulance coverage same as Medicaid
 - Marketplace Choice 101%-138% FPL¹ – 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



Iowa Department of Human Services

Most Commonly Billed

Description	Rate		Description	Rate
Basic Life Support (BLS) Routine Disposable Supplies	\$4.32 Flat rate		Fixed Wing – 1 Way	\$206.90 Flat rate
Advanced Life Support (ALS) Routine Disposable Supplies	\$4.32 Flat rate		Rotary – 1 Way	\$206.90 Flat rate
Oxygen & Supplies BLS & ALS	\$10.79 Flat rate		Fixed Wing Mileage	\$7.75 Per mile
Ground Mileage BLS & ALS	\$ 2.16 Per mile		Rotary Mileage	\$7.75 Per mile
ALS – Non Emergency	\$113.29 Flat rate			
ALS - Emergency	\$113.29 Flat rate			
BLS – Non Emergency	\$69.98 Flat rate			
BLS - Emergency	\$69.98 Flat rate			



Ambulance Claim Calculation

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	<u>\$ 0.00</u>
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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