

SB0865-FIN_MACo_SUP.pdf

Uploaded by: Butler, Alex

Position: FAV



Senate Bill 865

Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement

MACo Position: **SUPPORT**

To: Finance Committee

Date: March 10, 2021

From: Alex Butler and Michael Sanderson

The Maryland Association of Counties (MACo) **SUPPORTS** SB 865. This bill would create a more reasonable standard for reimbursement, under the State Medicaid program, for deliveries made by emergency transport.

Maryland relies on an array of emergency service providers, including professional and public volunteer ambulance companies. In many parts of the state, billing for transport services, generally through insurance companies, is an essential underpinning to these services. These public entities (the bill only affects public providers), and their relationship to the State-run Medical Assistance program, a principal insurance provider, is the target of the bill.

SB 865 seeks to remedy an inequity in current law, where transportation to a hospital (“facility” in this section of law) is a reimbursable event, but transportation to another location for comparable care is not. Under SB 865, if an ambulance company delivers a patient to an urgent care facility equipped to administer the appropriate care for the patient’s apparent needs, the law would recognize that transport as an appropriate, and reimbursable, event. In some parts of the State, the difference between accessing the nearest fully licensed hospital facility and the nearest appropriate caregiver may be substantial in both miles and minutes.

By creating this level playing field, SB 865 promotes the nearest appropriate care for time-sensitive patients’ transport. Accordingly, MACo urges the Committee to give SB 865 a **FAVORABLE** report.

UPDATED Testimony SB865.pdf

Uploaded by: Corderman, Paul

Position: FAV

PAUL D. CORDERMAN
Legislative District 2
Washington County

Budget and Taxation Committee

Subcommittees

Education, Business and Administration

Pensions



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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11 Bladen Street, Room 416
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410-841-3903 · 301-858-3903
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District Office
5 Public Square, Suite 210
Hagerstown, Maryland 21740
240-313-3929

March 10, 2021

**Testimony in Support of Senate Bill 865 Maryland Medical Assistance Program –
Emergency Service Transporters - Reimbursement**

Chairwoman Kelley & Members of the Finance Committee;

Thank you for the opportunity to present SB 865 to you this afternoon.

Currently, Emergency Service Transporters in Maryland can only be reimbursed if the transport destination for Maryland Medical Assistance Program Recipients is a hospital emergency room. This bill would allow Emergency Service Transporters across the state to be reimbursed for transporting Program recipients to facilities other than emergency rooms exclusively.

In some cases, patients can be treated for their ailments at other facilities, such as an urgent care or a behavioral health center. In fact, an individual may be better treated at a facility that specializes in a specific type of care. This bill would help alleviate some of the pressure placed on hospital emergency rooms and better serves Program recipients by allowing more destination options. In situations where the emergency room is inundated with patients, Emergency Service Transporters are forced to wait with the Program recipient on the campus until a transfer of care can occur. This takes Emergency Service Transporters away from serving additional patients and can be a waste of resources.

Thank you for your consideration. I respectfully ask for a favorable report on SB 865.

A handwritten signature in blue ink, appearing to read 'P.D. Corderman', written in a cursive style.

Paul D. Corderman

SB 865_Medicaid Program_Emergency Service Transpor

Uploaded by: Delbridge, Theodore

Position: FAV



SB 865 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
FAX 410-706-4768

MIEMSS Position: Support

Bill Summary: SB 865 removes existing language that precludes Medicaid reimbursement to EMS if a 9-1-1 patient is transported to a destination other than a hospital or nursing facility.

Rationale: EMS services respond to the full spectrum of patient illness and injury. In some cases, low-acuity patients may be more efficiently served and cared for at other health care destinations, such as behavioral health centers or urgent care clinics, than at traditional hospital emergency departments (ED). EMS services should be reimbursed when transporting patients to non-ED care destinations capable of appropriately treating the patient's condition.

- EMS jurisdictions in Maryland may transport low-acuity patients to alternative destinations under a protocol approved by the State EMS Board in 2019. The protocol was designed for safety and provides clear guidance to EMS for making decisions about appropriate patient destinations. After EMS assessment, if the patient meets medical screening criteria, the patient may be a candidate for transport to a non-ED destination.
- **Only low-acuity patients are candidates** for possible transport to a non-ED destination. **Patients must consent to be transported to the non-ED destination.**
- As part of the Protocol, MIEMSS authorizes EMS jurisdictions that meet specific program requirements to implement an Alternative Destination Plan. The Plan must ensure that alternative destinations are staffed appropriately and possess necessary capabilities and technical resources in order to receive EMS-transported patients. EMS jurisdictions must report bi-monthly to MIEMSS on use of Alternative Destinations.
- To date, MIEMSS has authorized four (4) EMS jurisdictions to transport low-acuity patients to Alternative Destinations when appropriate:
 - Caroline County
 - Montgomery County Fire & Rescue*
 - Annapolis Fire Department*
 - Baltimore City Fire Department*
- In Maryland, there is a clear need to implement different response models to 9-1-1 calls. Increasing 9-1-1 call volumes and resulting transports often lead to long ambulance wait times at hospital EDs. Maryland's ED wait times typically far exceed the national average and are frequently among the worst in the country.
- EMS transport to non-ED destinations offers patients the opportunity to receive the right care at the right time, with potential for cost savings, and may afford a rapid return to service for EMS units.

MIEMSS Supports SB 865 and Requests a Favorable Report

(*) EMS jurisdictions that are participating in a five-year CMS demonstration project to ensure that Medicare beneficiaries receive the most appropriate care, at the right time, and in the right place. A major component of the project is transport of low-acuity Medicare patients to non-ED settings.

SB 865-Transfer of Care Bill Meritus Letter (2.17.

Uploaded by: Doolan, Alisa

Position: FAV



Meritus Health
11116 Medical Campus Rd
Hagerstown, MD 21742
301.790.8000

February 17, 2021

Senate Finance Committee

The Honorable Delores Kelley, Chair
The Honorable Brian Feldman, Vice Chair
Favorable Testimony: SB 865

Chairwoman Kelley & Members of the Senate Finance Committee,

On behalf of Meritus Health, I am pleased to support **SB 865 – Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement.**

This bill would assist in the development of a paramedicine program that would allow for reimbursement to Emergency Medical Services when transporting a patient whose ailments may be treatable at another facility, such as an urgent care facility. This will also alleviate pressure currently being applied to hospital emergency rooms and maximize available resources by diverting patients to other venues of care.

If passed, this program would have a positive impact for the patients being assessed by the transporting company, ensuring they would be taken to the appropriate facility for their required level of care. The goal of this bill is to provide our community with the best care in the best setting.

Please reach out at any time if we can provide further information. My cell is 410-829-6252 and email is Maulik.joshi@meritushealth.com. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Maulik Joshi".

Maulik S. Joshi, Dr.P.H.
President and CEO
Meritus Health

SB865 letter of support 2.23.21.pdf

Uploaded by: Frye, Danielle

Position: FAV



CITY OF HAGERSTOWN, MARYLAND

The Honorable Emily Keller

Mayor

One East Franklin Street • Hagerstown, MD 21740

E-mail: mayor@hagerstownmd.org

Telephone: 301.766.4161 • TDD: 301.797.6617 • Website: www.hagerstownmd.org

February 23, 2021

Sent Via E-Mail: paul.corderman@senate.state.md.us

The Honorable Paul Corderman
Maryland State Senator
5 Public Square, Suite 210
Hagerstown, MD 21740

RE: SUPPORT OF SB865 – MARYLAND MEDICAL ASSISTANCE PROGRAM – EMERGENCY SERVICE TRANSPORTERS - REIMBURSEMENT

Dear Senator Corderman:

The purpose of this letter is to convey the City of Hagerstown's full support of Senate Bill 865 entitled **Maryland Medical Assistance Program – Emergency Service Transporters - Reimbursement**. This Bill will assist EMS companies with receiving Medicaid reimbursement. Currently, EMS companies can only be reimbursed for transferring Medicaid patients to emergency hospital rooms and no other facilities. This bill would alleviate some of the pressure on emergency rooms, allowing ambulances to transport patients to facilities that may better serve their ailments (including, but not limited to, urgent care facilities, behavioral health centers, detox facilities, etc.).

Should you need any additional information, please do not hesitate to contact my office.

Sincerely,

THE CITY OF HAGERSTOWN

Emily Keller
Mayor

c: Hagerstown City Council
Scott Nicewarner, City Administrator



Letter of Support - SB865 - Maryland Medical Assis

Uploaded by: McCarty, Rachael

Position: FAV

Jeffrey A. Cline, *President*
Terry L. Baker, *Vice President*
Krista L. Hart, *Clerk*



Wayne K. Keefer
Cort F. Meinelschmidt
Randall E. Wagner

BOARD OF COUNTY COMMISSIONERS OF
WASHINGTON COUNTY, MARYLAND

February 23, 2021

Senator Delores G. Kelley, Chair
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

RE: Support of SB 865 – Maryland Medical Assistance Program –
Emergency Services Transporters - Reimbursement

Dear Senator Kelley:

The Board of County Commissioners of Washington County, Maryland, by a vote of 5-0, supports Senate Bill 865. Each would amend Health General Article, §15-114.1 and would require reasonable reimbursement to emergency service transporters for services to recipients of the Maryland Medical Assistance Program.

Emergency service transporters in Washington County are frequently called to assist Medical Assistance recipients who then decline to be transported to the hospital. Under current practice, the emergency service provider is not compensated for the services that have been provided, causing a hardship to the providers of such services. The above referenced bill would correct this situation to require compensation for the services rendered in response to a 911 call, regardless of whether transport to the hospital is subsequently refused by the patient. Additionally, the current rate of compensation to emergency transporters is grossly insufficient, both in absolute terms and in comparison to neighboring states. That matter may need to be addressed in a separate bill, but Senate Bill 865 at least corrects part of an existing problem.

For the foregoing reasons, the Board of County Commissioners of Washington County respectfully and without reservation urges the Committee to approve SB 865.

Sincerely,

BOARD OF COUNTY COMMISSIONERS OF
WASHINGTON COUNTY, MARYLAND

BY: 
Jeffrey A. Cline, President

cc (via email): Senator Paul D. Corderman

1 - FIN - SB 865 - MDH - LOI.pdf

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

March 10, 2021

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401 – 1991

RE: SB 865 – 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 SB 865 – Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement.

Maryland Health-General Ann. § 15-114.1 currently limits Medicaid reimbursement of emergency medical services (EMS) to transports to hospital facilities. SB 865 would remove the facility limitation and require MDH to reimburse for EMS when transport is provided to alternative destinations. In CY18, the Medicaid Program reimbursed EMS providers for 115,474 emergency transports at \$100 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 865, MDH would expect an additional 17,255 new transports would be eligible for reimbursement. These new transports would cost an estimated \$1.7 million annually, subject to a 50% federal match. Additional, indeterminate costs, would also be realized due to cost shifting to Medicaid as the bill as drafted does not apply to private payers.

MDH recognizes the challenges faced by EMS providers as they face high volumes of 911 calls and emergency department wait times that exceed the national average. **To that end, MDH is working on two initiatives that will provide more funding for EMS services, (1) a pilot program to reimburse transportation to alternative destinations in four jurisdictions that currently provide 48% of all Medicaid EMS transports, and (2) a budget neutral program that will generate \$60M in new federal matching funds for EMS providers each year.**

As part of the upcoming 1115 Waiver Renewal, MDH is requesting to pilot an Emergency Triage, Treat, and Transport (ET3) program for Medicaid beneficiaries. The 1115 Waiver Renewal will be submitted in July 2021 with an anticipated effective date of January 1, 2022. ET3 is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS)

beneficiaries following a 911 call. CMS will continue to pay to transport a Medicare FFS beneficiary to a hospital emergency department or other covered destination. In addition, under the model, CMS will pay participants to 1) transport to an alternative destination partner, such as a primary care office, urgent care clinic, or a community mental health center (CMHC), or 2) initiate and facilitate treatment in place with a qualified health care partner, either at the scene of the 911 emergency response or via telehealth.

The ET3 model would allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage entities that operate or have authority over 911 dispatches to promote successful ET3 model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports. Currently 4 jurisdictions, responsible for 48% of Medicaid EMS transports, have ET3 pilot programs for Medicare beneficiaries, and MDH will be working to incorporate these pilots into Medicaid. As a part of their ET3 work, all participating jurisdictions have contracted with urgent care providers and other community providers to ensure care upon arrival, and MDH will ensure that all MCOs accept claims from ET3 participating providers.

MDH notes that for coverage of transportation to alternative destinations to be successful on a statewide basis, it must be implemented on an all-payer basis, applying to both public and private payers. It is common for Medicaid enrollees to have one or more additional sources of coverage for health care services. Federal law requires that all other third party resources must meet their legal obligation to pay claims before the Medicaid program pays. If a Medicaid-covered service is not reimbursed by third party insurance, Medicaid is obligated to pay for the service. If Medicaid reimburses EMS for transport to alternative destinations before other payers decide to do so, costs for these services would be shifted to Medicaid. Requiring reimbursement from both public and private payers to EMS would avoid such cost-shifting. Lastly, planning is also needed to ensure payers include providers designated as alternative destination sites in their networks to ensure care upon arrival.

In addition to ET3, 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 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 FY22, 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 for ESPP. 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 865 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 do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Director of Governmental Affairs at heather.shek@maryland.gov or at the same phone number.

Sincerely,

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

Webster Ye
Assistant Secretary, Health Policy