

MAINE STATE LEGISLATURE

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2023

Stakeholder Report Regarding LD 1258's EMS Financial Health Committee

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SUBMITTED ON
JANUARY 26, 2023

This report is intended to satisfy the resolve (LD 1258, Sec. 6) enacted by the First Special Session of the 130th Maine Legislature requiring the Maine Emergency Medical Services' Board to convene a stakeholder group and submit a report, including recommendations, to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services.

Submitted to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services on January 26, 2023.

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Stakeholder Membership

Member and Position (Role):

Joseph Kellner, Maine EMS Board (Chair)

Stephen Almquist, Non-Rural Non-Municipal Ambulance Service

Thomas Bell, Dept. of Professional and Financial Regulation, Bureau of Insurance

Dan Demeritt, MeAHP Representative

Shawn Esler, Non-Rural Municipal Ambulance

Scott Guillerault, Non-Transporting Ambulance Service

Kimberly LaFauci, For-Profit Health Plan Based in Maine

John Martel, PhD, MD, Maine EMS Board

Rob McGraw, Rural Municipal Transporting Ambulance Service

Kristine Ossenfort, For-Profit Health Plan Based in Maine

Robert Russell III, Maine Ambulance Association Representative

Michael Senecal, Rural Non-Municipal Transporting Ambulance Service

Joseph Spicuzza, Out-of-State Health Plan Representative

David Stuart, Not-For-Profit Health Plans Based in Maine

Andy Turcotte, Maine EMS Board

Karynlee Harrington, Maine Health Data Organization (Ex-Officio, Non-Voting)

Staff:

Darren Davis, Data Coordinator
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Background

Pursuant to Maine Public Law Chapter 241, H.P. 925 -- L.D. 1258:

The Emergency Medical Services' Board shall convene a stakeholder group, including representatives of the Maine Ambulance Association, municipal and private ambulance services, health insurance carriers and the Department of Professional and Financial Regulation, Bureau of Insurance, to review issues related to financial health and costs of ambulance service providers and the delivery of services by ambulance service providers in this State, including issues related to the medical necessity and reasonableness of ambulance services. The stakeholder group shall consider and develop financial and cost reporting standards and other metrics related to the delivery and quality of ambulance services to measure and evaluate ambulance services in this State. The Emergency Medical Services' Board shall submit a report on the results of its review, including any recommendations, to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters no later than February 1, 2023. The joint standing committee may report out a bill based on the report to the First Regular Session of the 131st Legislature.

Convening the Committee

The committee convened by the Maine Emergency Medical Services' Board began meeting on February 14, 2022 and held 14 meetings throughout the 2022 calendar year. The dates of those meetings can be found below and a copy of the meeting minutes/notes can be found on the Maine EMS webpage (www.maine.gov/ems) under the '[EMS Financial Health Committee](#)' item under the 'Boards and Committees' tab at the top of the screen.

February 14, 2022
March 10, 2022
April 13, 2022
May 17, 2022
June 14, 2022
July 12, 2022
August 9, 2022

September 6, 2022
September 20, 2022
October 18, 2022
November 1, 2022
November 8, 2022
November 29, 2022
December 13, 2022

Recommendations

Medical Necessity and Reasonableness

Recommendation One:

Commercial carriers will take into consideration the Centers for Medicare and Medicaid Services (CMS) requirements for medical necessity and reasonableness when setting policy.

Committee Vote: 13 In Favor, 1 Abstention

Recommendation Two:

Scene-to-hospital, hospital-to-hospital, or hospital-to-nursing home will not require prior authorization. In no case may a patient be balance billed for any services rendered that were not agreed to in advance in writing, and which exceed the patient's applicable cost-share in accordance with their plan.

Committee Vote: 9 In Favor, 5 Abstention

Payment for Non-Transports

Recommendation Three:

When, during an encounter that resulted from an emergency unscheduled request, where that request requires a response to the scene of the emergency, a patient is cared for and subsequently is not transported to a hospital, carriers will reimburse using the A0998 code, at 200% of the average of the Medicare BLS and ALS emergency base rate for in-network services, and 180% of the average of the Medicare BLS and ALS emergency base rate for out-of-network services, and including the rural and super rural add-ons as published by CMS.

- Non-transporting services may enroll with, and bill, commercial carriers for these services in circumstances where they provide care, and a transporting ambulance service doesn't participate in the call.
- Assessment and/or treatment must be consented to by the patient and rendered to the patient. Short verbal consent prior to providing care, documented, assuming patients have capacity and ability to consent (otherwise implied).

Recommendations *Continued*

This recommendation is to be shared with the committee with jurisdiction over MaineCare services to request they reimburse ambulance entities the average of the BLS and ALS emergency base rates under code A0998

Committee Vote: Unanimous

Payment for Community Paramedicine

Recommendation Four:

Payment shall be made available for covered services rendered by Community Paramedicine Services, which are delivered in accordance with 32 MRS § 84 (4).

Covered Codes:

- 99490: Chronic Care Management
- 99495, 99496: Transitional Care Management
- Carriers may require prior authorization for these services

This recommendation is to be shared with the committee with jurisdiction over MaineCare services to request they reimburse ambulance entities in the same manner.

Committee Vote: 9 In Favor, 3 Against, 2 Abstentions

Financial and Cost Reporting Standards and Metrics

Recommendation Five:

Fund two full-time equivalent (FTE) positions at Maine EMS to facilitate a cost-reporting and collection program.

1. Require all ground transporting services to submit cost reports annually utilizing the Medicare standard framework, and modified as necessary to support non-transporting services.

Recommendations *Continued*

2. Metrics must include, at minimum:
 - a. Volume of services provided per capita and per square mile geography
 - b. Entity Type (Municipal, hospital, etc.)
 - c. Payer mix, self-pay percentage, and self-pay collection rate
 - d. Length of Stay (LOS) Impact related to lack of availability of transport (hospitals)
 - e. Personnel demographics, including licensure level
 - f. Number of vacancies
 - g. Volunteer hours dedicated to EMS services
3. The Maine EMS Board shall promulgate rule regarding the collection of these data, and shall have authority to adjust the metrics from time-to-time
4. Ambulance services should be included on CompareMaine.org

Committee Vote: 12 In Favor, 1 Abstention

Reimbursement

Recommendation Six:

Repeal the end date associated with 24-A MRS §4303-F. The reimbursement methodology will continue in perpetuity until such time as it is superseded.

Committee Vote: Unanimous

Recommendation Seven:

Expand the methodology in the above law to include all ambulance services, including non-emergency.

Committee Vote: 8 In Favor, 6 Abstentions

Recommendations *Continued*

Additional Recommendations

Recommendation Eight:

Signal support for the Certified Public Expenditure (CPE) program, to allow municipal ambulance services to access certain federal cost reimbursement.

Committee Vote: 12 In Favor, 2 Abstentions

Recommendation Nine:

Signal support for the Medicaid Matching legislation proposal for non-municipal ambulance services.

Committee Vote: 10 In Favor, 4 Abstentions



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