



Ground Ambulance Supplemental Payment Programs

Presenter:

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What is Apple Health?

- Apple Health is the brand name of Washington's Medical Assistance program.
- Apple Health covers about 25% of Washingtonians
- Apple Health services are managed by the Health Care Authority (fee-for-service) and Managed Care Organizations (MCO)
- All transport services are "carved out" of Managed Care and paid by HCA

How is it funded?

- Medicaid is a joint venture between the federal government and the state.
- The state demonstrates that it has contributed a certain amount to the medical expenditures and the federal government gives us a “match”
- Federal Medical Assistance Percentage (FMAP) at least 50%, can be more depending on the client and the state.
- Even federal matching funds are “tax dollars”
- The federal government recognizes several forms of state “match”
 - State dollars i.e. your state taxes, also called General Funds – State or GF-S
 - Provider taxes and assessments
 - Certified Public Expenditures
 - Provider bona fide donations including Intergovernmental Transfers
- Total dollars for a claim are called “Total Computable” and include both the ‘state’ and Federal match



Base Rates

Ambulance Rate Basics

- Ambulance claims have two parts
 - Base Rate
 - Mileage
- Paid for “loaded” miles only
- In Apple Health (Washington’s medical assistance program)
 - Unpaid Services: return trips, supplies, wait time, no transport occurred*

*some reimbursement may be available for certain providers under ‘treat & refer’

Service Categories

- **Emergency**

Defined as “responding immediately at the Basic Life Support (BLS) or Advanced Life Support, Level 1 (ALS1) level of service to a 911 call or the equivalent in areas without a 911 call system. Apple Health will cover emergency ambulance services when the services are medically necessary, meet the destination limits of the closest appropriate facilities, and are provided by an ambulance service that is licensed by the state

- **Non-Emergency**

- Scheduled, covered when transportation by any other means of transportation is contraindicated by the medical condition of the beneficiary; Only to specific destinations; and Only when certified as medically necessary by a physician directly responsible for the beneficiary's care

- Examples: doctor’s appointments for people that can not sit up in a wheelchair, ‘secure’ behavioral health transports

Ambulance Transport- Medicaid Reimbursement

Ground Ambulance			
Basic Life Support (BLS)			
A0428	Ambulance service, basic life support, non-emergency transport (BLS)		\$115.34
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)		\$115.34
Advanced Life Support , Level 1 (ALS1)			
A0426	Ambulance service, advanced life support non-emergency transport, level 1 (ALS 1)		\$168.43
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency)		\$168.43
Advanced Life Support, Level 2 (ALS2)			
A0433	Ambulance service, advanced life support, emergency transport, level 2 (ALS 2)		\$168.43
Specialty Care			
A0434	Specialty care transport (SCT)		\$168.43
Mileage			
A0425	Ground mileage, per statute mile	\$5.08/ mile	

- Emergency transports are currently receiving enhanced payments with QAF & GEMT.
- Increases to non-emergency base rates and all mileage codes are in both the Senate & the House proposed budgets
- Covid related increases expire May 11, 2023



Ambulance Transport Quality Assurance Fee Program (QAF)

Also referred to as the Ambulance Transport Fund

What is the Quality Assurance Fee Program?

- This program creates a fee for private and non-government providers of **emergency ambulance service**.
 - Providers are assessed on EVERY emergency transport they do
 - Current assessment rate is: \$24.50
 - Transport Data is provided quarterly from providers- at real time/end of quarter.
 - Assessment invoices are created quarterly- retro 2 quarters.
- Enhancement payments are added on to standard Apple Health payments
 - Current add-on \$231.23

Quality Assurance Fee

- Program is mandatory for private, non-profit and non-government transporting agencies.
- Allows HCA to increase ambulance rates without additional 'state' funds
- Only **emergency** ambulance services are assessed and enhanced.
- Calculation of the assessment and add-on are governed by RCW 74.70.050 and 74.70.060

Provider Responsibilities

- Report total transports quarterly to HCA
- Pay assessment on time
- Report usage of funds annually
- Program bears administrative cost

Annual QAF Assessment Calculation

Calculation*	Total
Add on x Medicaid transports = A	$231.23 \times 90,000 = 20,810,700$
A x State Medical Assistance Percentage (SMAP) = B	$20,810,700 \times .3385 = 7,044,421.95$
B + Admin Costs = C	$7,044,421.95 + 230,000 = 7,274,421.95$
.90 * Total Annual Transports = D	$.90 \times 320,000 = 288,000$
C/D = Assessment	$7,274,421.95 / 288,000 = \25.26

SMAP: State Medical Assistance Percentage (SMAP) of the aggregate expenditures from state-only sources for the Medicaid program divided by the aggregate expenditures from state and federal sources for the Medicaid program for a state

*Numbers are for illustrative purposes only

Provider QAF example

ABC Ambulance	QTR 1	QTR 2	QTR3	QTR4
Transports- all payors	953	831	895	1259
Assesment	\$ 23,348.50	\$ 20,359.50	\$ 21,927.50	\$ 30,845.50
Total assesment				\$ 96,481.00
Medicaid transports	229	249	161	252
Enhancement	\$ 52,886.93	\$ 57,645.64	\$ 37,251.15	\$ 58,223.71
Net Benefit	\$ 29,538.43	\$ 37,286.14	\$ 15,323.65	\$ 27,378.21
Total Annual Net Benefit				\$ 109,526.43

- This example uses an average of 23% Medicaid transports.
- Assessments are paid quarterly.
- Enhancements are paid on each claim.
- Companies are required to report how they have allocated their net benefits annually.

Quality Assurance Fee- Net benefits

- In SFY2022, 22 companies participated in the program.
- Average net benefit is \$448,285 annually.
- Total net benefit in SFY 22- all companies- \$9,862,261.
- 72% of the net benefit has been allocated to increased salaries, 11% to administrative, 9% to training, 5% to employee benefits, and 1% each- capital related, consumable supplies and new positions.



Ground Emergency Medical Transport Program (GEMT)

GEMT Program

- GEMT program started in July 2017
- Governed by RCW 41.05.730-41.05.735
- The GEMT program provides supplemental payments to publicly owned or operated qualified GEMT providers.
- GEMT is a 'cost-based' reimbursement program. Meant to cover the difference between actual costs and Apple Health reimbursement.
- GEMT is currently undergoing some potential changes per a State Medicaid Directors Letter dated 8/17/2022 clarifying allowable costs
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/cib08172022.pdf>

GEMT Program Eligibility

Provider participation in the GEMT program is voluntary. Providers must meet several requirements to be eligible for the GEMT program, which include:

- Enrollment as a Medicaid provider with an active core provider agreement for the period being claimed;
- Must be a publicly owned or operated organization; and
- Must provide ground emergency transportation to Washington Apple Health Medicaid clients enrolled with Medicaid to be eligible for the GEMT program.

Provider Responsibilities

- File an annual cost report with HCA
- Ensure that what is being claimed are allowable costs
 - Medical services
 - Allowable per federal guidelines
 - Ex: no lobbying costs
- Program bears the administrative costs

GEMT Example Calculation

Formula for GEMT:

(Average cost per transport * number of qualified transports - Medicaid reimbursement for transports) - other payments - administrative costs * FMAP = Supplemental Payment

Some providers receive this as an annual lump sum, some get a little bit on each claim.

All GEMT supplemental payments are subject to interim and final settlements approximately 1 & 3 years after end of period

ABC Fire Dept	
Total Costs (A)	\$42,000,000
	11,000
Average Cost per Transport (A/B = C)	\$3,818
Number of Medicaid transports (D)	2400
Cost of Medicaid Transports (DxC=E)	\$9,163,200
Medicaid Reimbursement (F)	\$360,000
Total Computable Supplemental Payment (E-F = G)	\$8,803,200
Federal Share: Provider Receives (GxE)	\$5,986,176
Certified Public Expenditure (Local)	\$2,817,024

Average Costs & Supplemental Payments

- In SFY 2022 the average cost per transport was \$2742.00.
- Because the provider is 'certifying' their share through a CPE, they receive only the 'federal portion' of their costs, after all other reimbursement
- As of November 2022, GEMT supplemental payments paid to date- grand total \$130,056,665.

Comparison of Programs

	GEMT	QAF
Providers	Public (140)	Private (22)
Participation	Voluntary	Mandatory
Supplemental Payment	Up to cost	\$231.23
Match	Certified public expenditures	Assessment
Transports	Emergency & Specialty care	Emergency & Specialty care
Client Eligibility	Medicaid only	All Apple Health
Reporting Requirements	Annual cost reporting No usage reporting	Quarterly total transports & Annual Usage
Administrative Costs	Paid by program	Paid by program
Federal Authority	State Plan	State Plan
Settlement	Annual to actual costs	No

Questions?

- Contact Information
 - Ambulance Program & Quality Assurance Fee Program Manger
 - HCAAMBULANCEADMIN@HCA.WA.GOV or HCAQAFADMIN@HCA.WA.GOV
 - GEMT Program Manager
 - HCAGEMTADMIN@HCA.WA.GOV