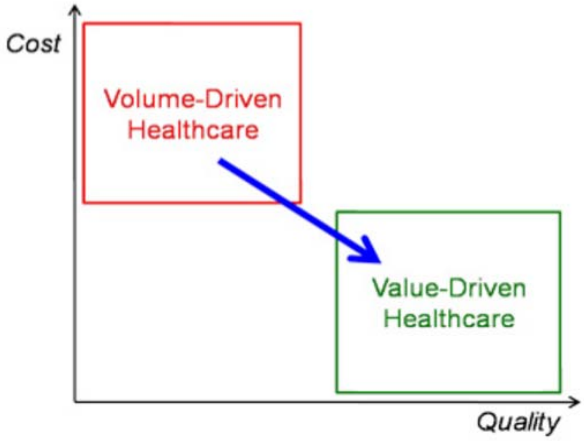
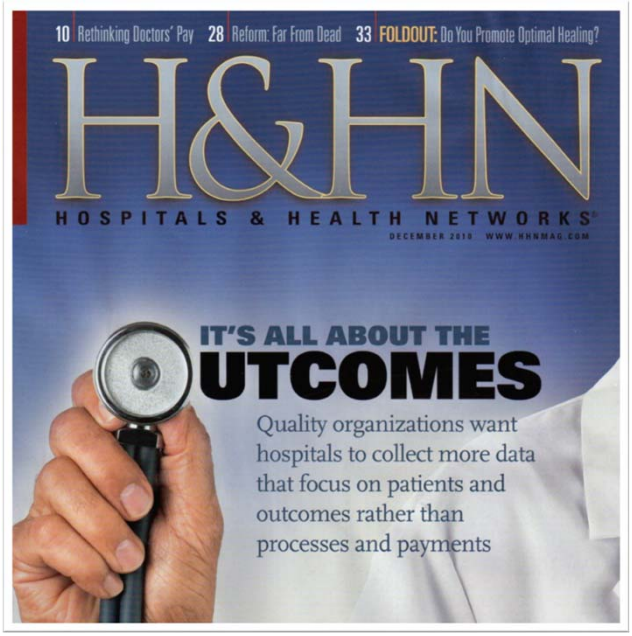
New Money Makeover

What new EMS payment models mean to Medical Directors and their agencies

Healthcare Economics 3.0



CENTER FOR HEALTHCARE QUALITY & PAYMENT REFORM



Who determines the *value* of the services provided?

No-Pay Policy for Non-Emergent ED Use Spreading

Rich Daly
June 7, 2017

By mid-summer, Anthem Blue Cross and Blue Shield (BCBS) plans in at least four states are expected to offer no payment for non-emergent use of the emergency department (ED).

BCBS Georgia individual-market plans on July 1 will become the newest group to implement the policy. Anthem added the policy for its Missouri plans on June 1 and for its Kentucky plans in late 2015. Meanwhile, New York plans have had a "similar program in place for several years," said Gene Rodriguez, director of public relations for Anthem Inc.

"This is not a new area of focus for Anthem," Rodriguez said in an email. "Our current effort to decrease inappropriate use of the emergency room [ER] is timely given our work over the past few years to improve access to care for non-emergency conditions and the increase we are seeing in the inappropriate use of the emergency room."

Other insurers are implementing "similar" plans, said Cathryn Donaldson, a spokeswoman for America's Health Insurance Plans (AHIP). Specific figures on the extent of such policies were unavailable as of publication of this article.

https://www.hfma.org/EDUse/

Alternate Payment Model – Georgia Medicaid

SORH
GEORGIA STATE OFFICE OF RURAL HEALTH

- Medicaid/BCBS
- Ambulance Response, Treatment, No Transport
- Ambulance Transport Alternative Destinations
- **$386 per encounter**

https://www.emsworld.com/article/219934/georgia-medicaid-pay-treatment-scene-alternative-destinations

Alternate Payment Model – Arizona Medicaid

AHCCCS
Arizona Health Care Cost Containment System

- Medicaid FFS
- ***EMS*** Response, Treatment, No Transport
- **$203.80 per encounter**

https://www.azahcccs.gov/PlansProviders/NewProviders/treatandrefer.html

Alternate Payment Model – Anthem

Anthem

- Commercial Insurance
- ***Ambulance*** Response, Treatment, No Transport
- **75% of the state average allowed amount for an ALS-E transport**
- **Available in all Anthem states**
  - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI

https://www.emsworld.com/news/218925/moment-weve-been-waiting-anthem-compensate-ems-care-without-transport

Alternate Payment Model – UnitedHealthcare

- Medicaid MCO – Milwaukee FD
- Post-discharge follow-up visits
- $125/visit
  - Up to 2 visits per member

Alternate Payment Model – Integra

- ACO – Providence, RI
- Community Paramedic Visits
  - Hospital in the Home patients
- After hours and episodic needs
- $125/visit

Alternate Payment Model – Minnesota

- Medicaid FFS
- Community Paramedic Visits
- ~$60 per patient contact
  - When ordered by a physician ***AND*** part of the patient's plan of care

http://www.health.state.mn.us/divs/orhpc/workforce/emerging/cp/#billing

Alternate Payment Model – Pennsylvania

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1013 Session of 2017

- Requires insurers to pay for ***ambulance*** non-transport services
- Passed all committees and both Houses with 0 "No" votes!
- Details and rate in the works

https://www.legis.state.pa.us/cfdocs/billInfo/billInfo.cfm?sYear=2017&sInd=0&body=H&type=B&bn=1013

Alternate Payment Model – New Mexico

BlueCross BlueShield of New Mexico

- BCBS Managed Medicaid
- Funding CP home visits
  - Safe Transitions program
  - 1-2 visits
- $125 per visit

https://www.bcbsnm.com/company-info/news/news?lid=j3ilsini

Alternate Payment Model – Texas

- Commercial MCO
- All members in the primary service area
- Capitated payment
  - Includes ambulance, MIH Enrollments, 9-1-1 Nurse Triage

Alternate Payment Model – CMS??

- Much recent interest in APM for EMS
- Seem to be focusing on Tx and Refer & Alternate Destinations
- Also asking about 9-1-1 Nurse Triage

From: Tiongson, Juliana R. (CMS/CMMI)
Sent: Thursday, September 6, 2018 1:51 PM
To: Matt Zavadsky
Cc: Kim Krenik; McNair, Tiffany S. (CMS/CMMI); Zina, Arielle (CMS/CMMI); Anderson, Eve (CMS/OACT); Traylor, Joshua A. (CMS/CMMI); Alley, Dawn E. (CMS/CMMI); Brown-Ashford, Nina C. (CMS/CMMI)
Subject: RE: Alternative EMS Quality Measures

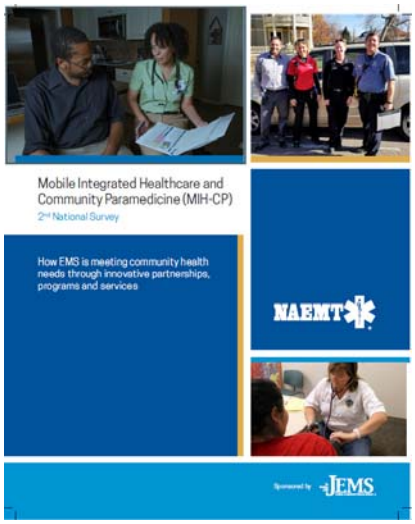
Thanks Matt. We really appreciate the follow up information and it has been extremely helpful. We are hoping to get a few more details. We could either schedule another call next week or you could respond in writing if you are comfortable doing so.

- **Can you provide data related to what types of patients can be safely taken to alternate destinations—the inclusion criteria and exclusion criteria at the end of the MedStar Transport Alt Destination Program Overview document gives us this list, but could you provide any data that shows which occurred the most/how many were successfully kept out of the emergency room, etc.** Also, is there data available to show results of the implementation of this program (cost savings and % kept out of ED)?
- In what situations is treat and release (on-site assessment, treatment, and referral to alternate destination) possible—what types of conditions? I know we touched on this briefly during the last call and I think I heard diabetes and asthma as a few examples, but could you provide more specifics?
- **Can you provide more information on the percent of EMS responses that result in transport to the ED as opposed to averages across those surveyed—even though this is a small sample size we would like to see the variation in geographical location?**
- **Are you able to provide any data on the ROI that came from changing the transportation requirements for EMS providers?**

We look forward to hearing from you.

Regards,

Juliana

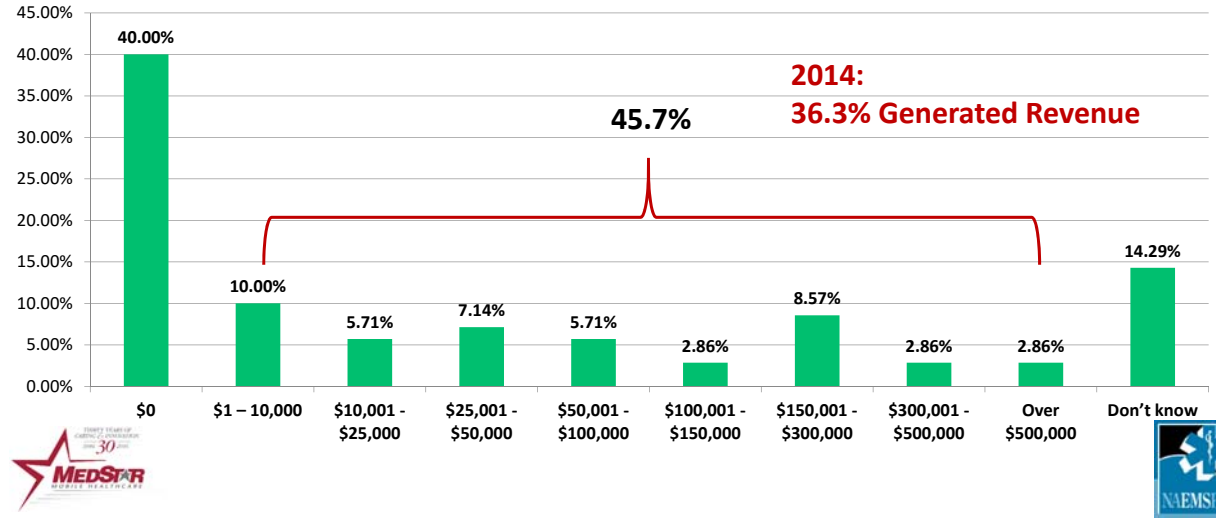


http://www.naemt.org/publications/publications-overview

http://www.naemt.org/docs/default-source/2017-publication-docs/mih-cp-survey-2018-04-12-2018-web-links-1.pdf?Status=Temp&sfvrsn=a741cb92_2

Many Generating Revenue

What is the annual revenue that your MIH or CP program generates for your agency, *excluding grant support*?



Who's Funding?

	The organization pays your program for services provided		The organization provides other financial support to your program	
Home health organizations	2.86%	2	1.43%	1
Hospice Agencies	4.48%	3	0.00%	0
Hospitals	**26.09%**	**18**	**27.54%**	**19**
Law Enforcement Agencies	0.00%	0	0.00%	0
Mental Health Care Facilities	2.94%	2	1.47%	1
Nursing Homes	1.54%	1	0.00%	0
Other EMS agencies	0.00%	0	1.54%	1
Physician Groups/Clinics	2.94%	2	0.00%	0
Public Health Agencies	1.47%	1	1.47%	1
3rd Party Payers	**26.98%**	**17**	**11.11%**	**7**
Care Management Agencies	4.69%	3	1.56%	1
Urgent care facilities	0.00%	0	0.00%	0
Social Service Agencies	0.00%	0	1.43%	1
Addiction Treatment Centers	1.49%	1	0.00%	0

Who's Paying *{What's the value proposition}?*

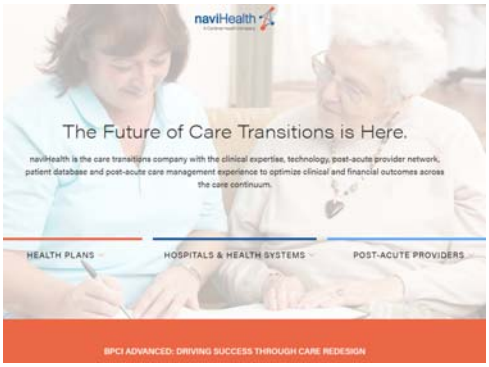
- **Hospitals** {*Reduced penalties and uncompensated care*}
  - Readmission prevention
  - Super Utilizers
  - BPCI programs
- **Home Health** {*More referrals; narrow network contracts*}
  - Preventable ED and admission reduction
    - 9-1-1 Notification and care coordination
    - After hours back-up support

Who's Paying?

- **IPAs** {*Shared risk contracts*}
  - Readmission prevention
  - Super Utilizers
  - BPCI programs
- **Hospice** {*Cost of care; reduce revocations*}
  - Revocation prevention
  - Care coordination
    - 9-1-1 Notification and care coordination
    - After hours back-up support

Who's Paying?

- **Post Acute Care agencies** {*Shared risk contracts*}
  - Admission/readmission prevention
  - Super Utilizers
  - BPCI programs



Who's Paying?

- **3rd Party Payers** {*Expenditure savings*}
  - 9-1-1 Nurse Triage
  - Ambulance Transport Alternatives
  - Readmission prevention
  - Super Utilizers
- **Medicaid** {*Expenditure savings*}
  - FFS
    - MN, NV, AZ, NM

Types of Payment Models

- ***Ambulance*** response, treatment and no transport
- ***EMS*** response, treatment and no transport
- Ambulance alternate destinations
- Enrollment fees
  - Super-Users
  - Readmit Prevention (yes, still a thing!)
- Population-Based
  - Commercial insurance
  - Hospice
  - Home Health
  - ACO's

Emerging Models

- Skilled Nursing (Population-Based)
  - ED visit prevention
- Subscription-Based
  - Concierge Services
- Post-Acute Care Organizations
  - Population-based
- Sub-Capitated
  - Managed Medicaid
  - Population-based

Coding (HCPCS & CPT)

Enhanced Services	Possible CPT Codes
9-1-1 Nurse Triage Services	**98967:** *Telephone assessment and management service provided by a qualified non-physician healthcare practitioner.*
Mobile Healthcare Paramedic Visit – Routine	**99349**: *Home visit for the evaluation and management of **an established patient**, which requires at least 2 of these 3 key components:* • *A detailed interval history;* • *A detailed examination;* • *Medical decision making of moderate complexity.* *Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.*

Coding (HCPCS & CPT)

Mobile Healthcare Paramedic Visit – Episodic/Emergent	**99341**: *Home visit for the evaluation and management of **a new patient**, which requires these 3 key components:* • *A detailed history;* • *A detailed examination; and* • *Medical decision making of moderate complexity.* *Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.*

Coding (HCPCS & CPT)

Enhanced Services	Possible CPT Codes
Ambulance Transport, Emergency, Alternate Destination	A0429 (modifier) • D: Diagnostic or therapeutic site other than P or H when these are used as origin codes • E: Residential, domiciliary, custodial facility • H: Hospital • N: Skilled nursing facility • P: Physician's office • R: Residence • S: Scene of accident or acute event
Examples:	**HCPCS Code**
9-1-1 Ambulance, Scene, Transport to Urgent Care	A0429 SD
9-1-1 Ambulance, Scene, Transport to Primary Care Clinic	A0429 SP
9-1-1 Ambulance, Home, Transport to Urgent Care	A0429 RD
9-1-1 Ambulance, Home, Refer to PCP, scheduled App't	A0998 RP

Medical Direction Considerations for APMs

- Scope of services
  - Enhanced training
  - Protocols
    - Eligible/ineligible
- State regulations/guidelines
- Program goals/measures
- QA/QI and follow-up
  - Repatriations/Repeat call within 24 hours
- Care/program coordination with others