

Ohio Ambulance Supplemental Payment Program

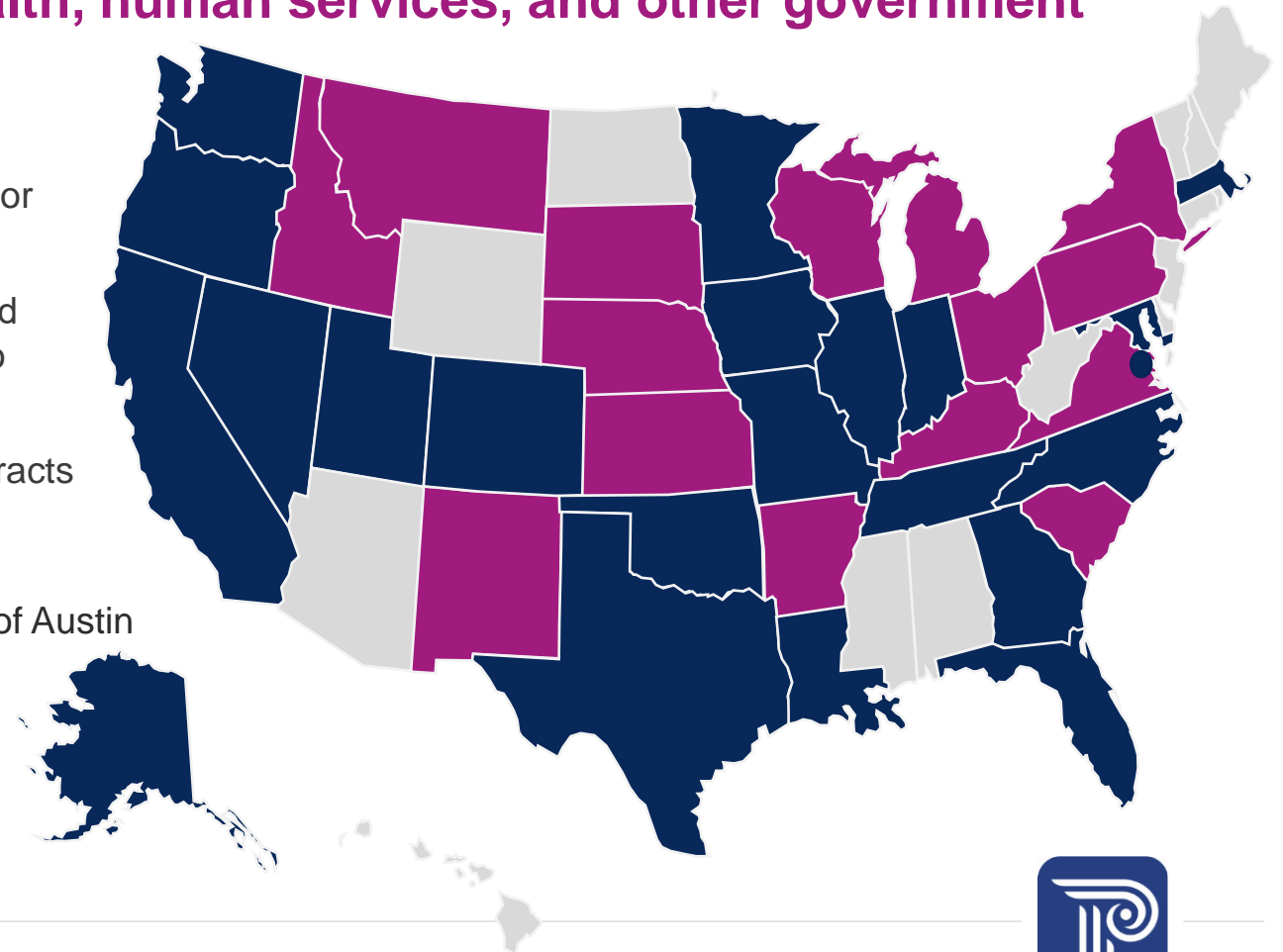
August 2024



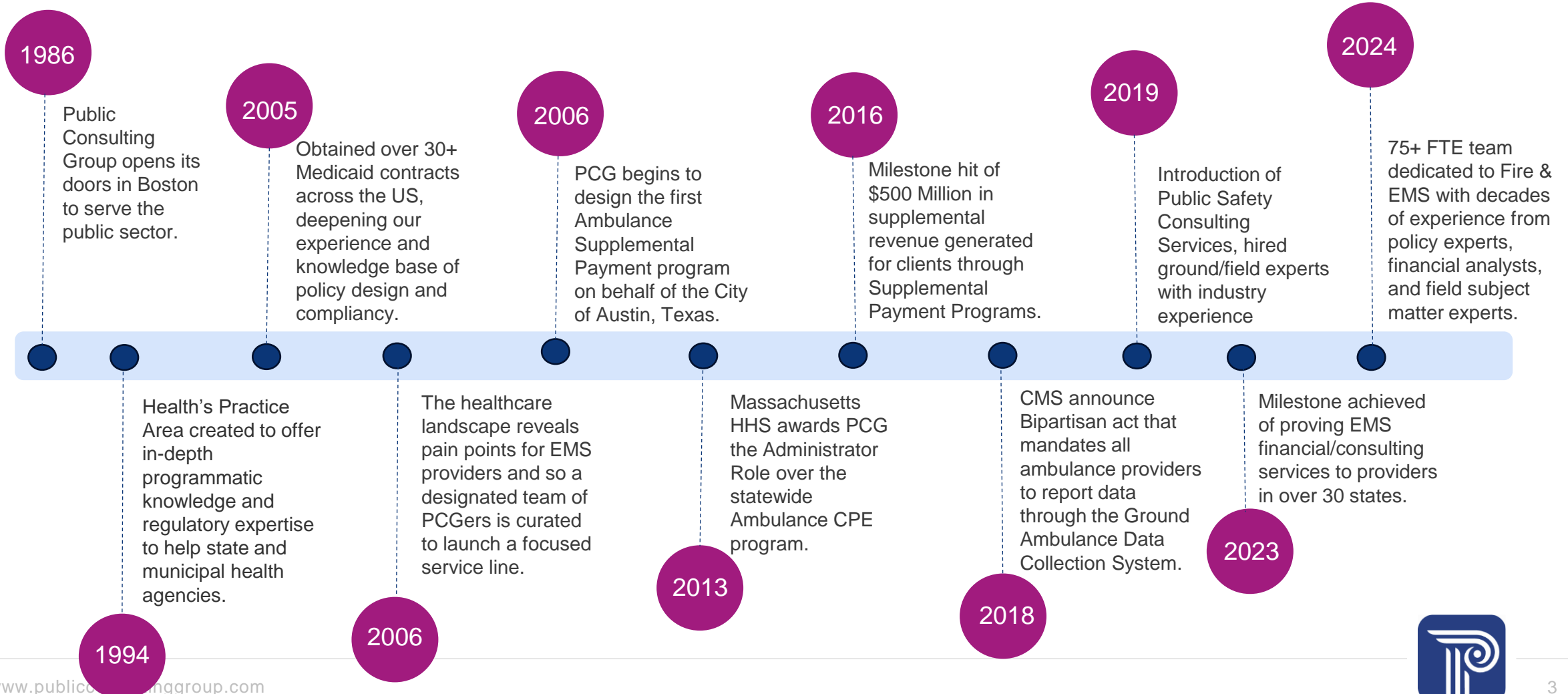
Public Consulting Group Company Background

Public Consulting Group (PCG) provides industry-leading management consulting and technology to public sector education, health, human services, and other government clients to achieve their performance goals.


- PCG was founded in 1986 with a mission of helping public sector agencies improve operational and managerial performance.
- Since our firm's inception, PCG has been working with Medicaid agencies and the local (municipality/city) provider community to increase Medicaid reimbursement.
- PCG has worked in all fifty states and currently has active contracts with 30+ Medicaid agencies.
- Beginning in 2006 PCG established the first EMS Medicaid supplemental payment program in Texas on behalf of the City of Austin Fire & EMS Department.



PCG's EMS History



PCG's Supplemental Payment Program Success



Illinois Ground Emergency Medical Transportation | Assisted **16** EMS providers since 2019, the first year of the program, and generated over **\$18.5 million** of additional revenue.



Florida Ground Emergency Medical Transportation | Provided cost recovery services to over **62** EMS providers, generating **\$190 million** in incremental Medicaid revenues since 2016.



Oregon Ground Emergency Medical Transportation | Assisted **19** EMS providers since 2019, generating **\$6.8 million** of additional revenue.



Iowa Ground Emergency Medical Transportation | Provided cost reporting, policy, and audit compliance to **32** EMS providers since 2019 and generated **\$8.6 million**.



Massachusetts Public Ambulance Certified Public Expenditure (CPE) | Developed the CPE program for the MA Executive Office of Health and Human Services in 2013, generating over **\$100 million** in additional funding for nearly **107** EMS agencies from 2014 to 2021.



Missouri Ground Emergency Medical Transportation | Completed and submitted cost reports for **25** EMS providers in 2018 and 2019, generating over **\$7.8 million** in additional funding.



Colorado EMS Supplemental Payment | Developed a statewide program for the CO Department of Health Care Policy and Financing in 2018, generating over **\$105 million** in additional funding for **84** EMS agencies from 2018 to 2020.




Texas Ambulance Services Supplemental Payment | Designed the first ambulance supplemental payment program for the TX Health and Human Services Commission. From FY11–FY20, PCG helped **75** providers capture an estimated **\$678 million** in supplemental payments.



Oklahoma Certified Public Expenditure (CPE) | Worked with OK Ambulance Association and OK Health Care Authority to develop the CPE program in 2018. Helped **28** providers capture nearly **\$9.7 million** in supplemental payments in the first two years.



Washington Ground Emergency Medical Transportation | Assisted over **90** providers with GEMT cost reports beginning in January 2017 to help ensure compliance and revenue maximization, generating **\$120 million** in additional revenue.



Maryland Emergency Service Transporter Supplemental Payment | Provided cost recovery services to **9** EMS providers in the first year, generating **\$62 million** in additional funding.

PCG has worked with over 550 departments with total recoveries of over \$1.3 Billion

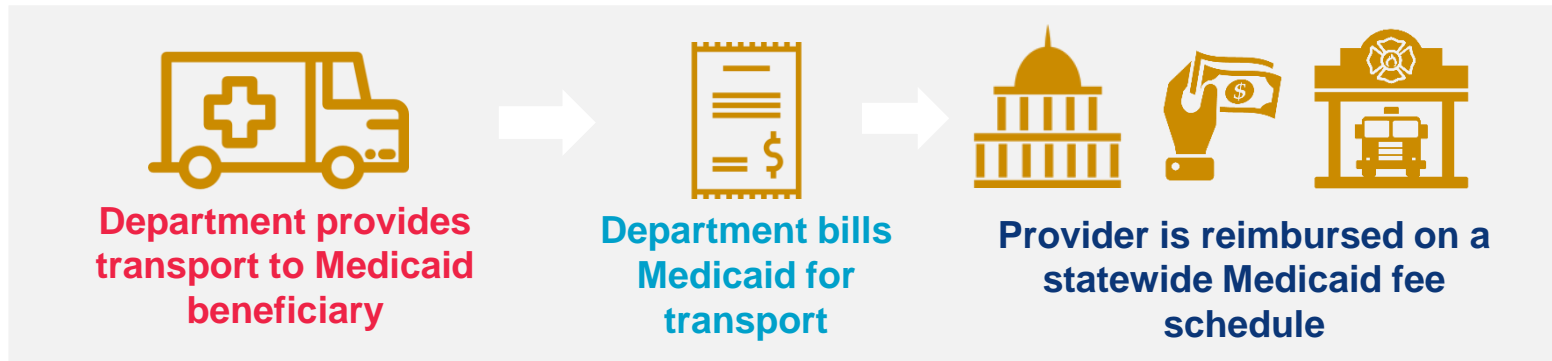


ASPP Overview

Ohio ASPP Initiative Background

- PCG has been working with industry leadership including OEMSCA over the last few years with the goal of developing an ambulance supplemental payment program in Ohio.
- We estimate that this program will generate up to \$50 Million of additional federal funding statewide for the transport of Medicaid beneficiaries by ambulance providers
- Legislation was passed in July 2023 that requires the Medicaid Director to submit program documents to the Federal government to start the program
 - ODM agreed to move the program forward in May 2024

Current Medicaid Reimbursement in Ohio



Ambulance service providers in Ohio, and across the country, are facing a difficult financial situation

Medicaid payment rates **do not recognize the actual costs** incurred by EMS providers for the provision of EMS services

CMS Medicaid Fee Schedule	
ALS1	\$XX
ALS2	\$XX
BLS1	\$XX
BLS2	\$XX

Typically the rate at which Medicaid transports are reimbursed is **25% or less** of the actual cost to the department

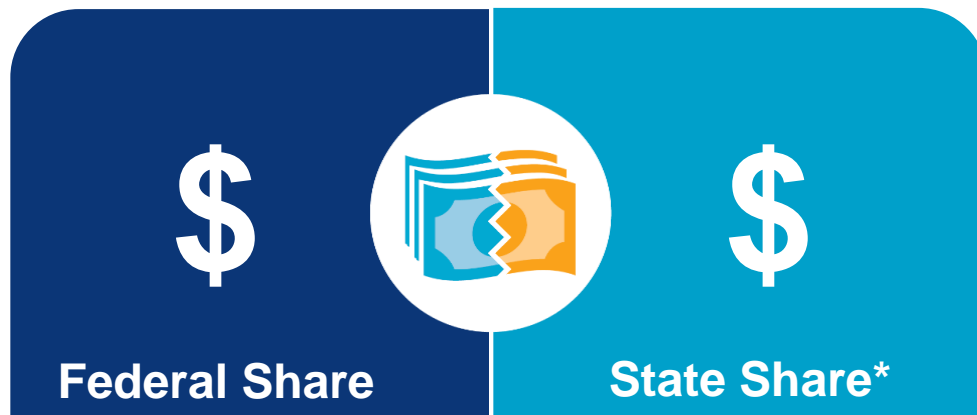
Budget
<ul style="list-style-type: none"> • General Funds • EMS Special Funds <ul style="list-style-type: none"> • Tobacco taxes • State vehicle registration fees

This requires municipalities and counties to use **alternative funding sources** to supplant the costs such as the allocation of taxes and fees



How an ASPP Can Help

Supplemental Payment Programs allow states to “draw down” the federal share of costs for healthcare services. Since Medicaid is a joint Federal and State program each entity is responsible for its share of costs



*The State Share is financed by the provider as expenses already incurred by the EMS provider

Example:

It costs you **\$1,000** to transport a Medicaid-eligible patient.

You submit a claim and receive **\$300**.

The *net* cost of that transport is then **\$700**.

Because the Federal Medical Assistance Percentage (FMAP) for Ohio is **64.6%**...

- The State (your agency) is responsible for **\$283.20**.
- The federal government is responsible for **\$452.20**. **This is your net gain through a supplemental payment program per transport!**

Sample Estimate

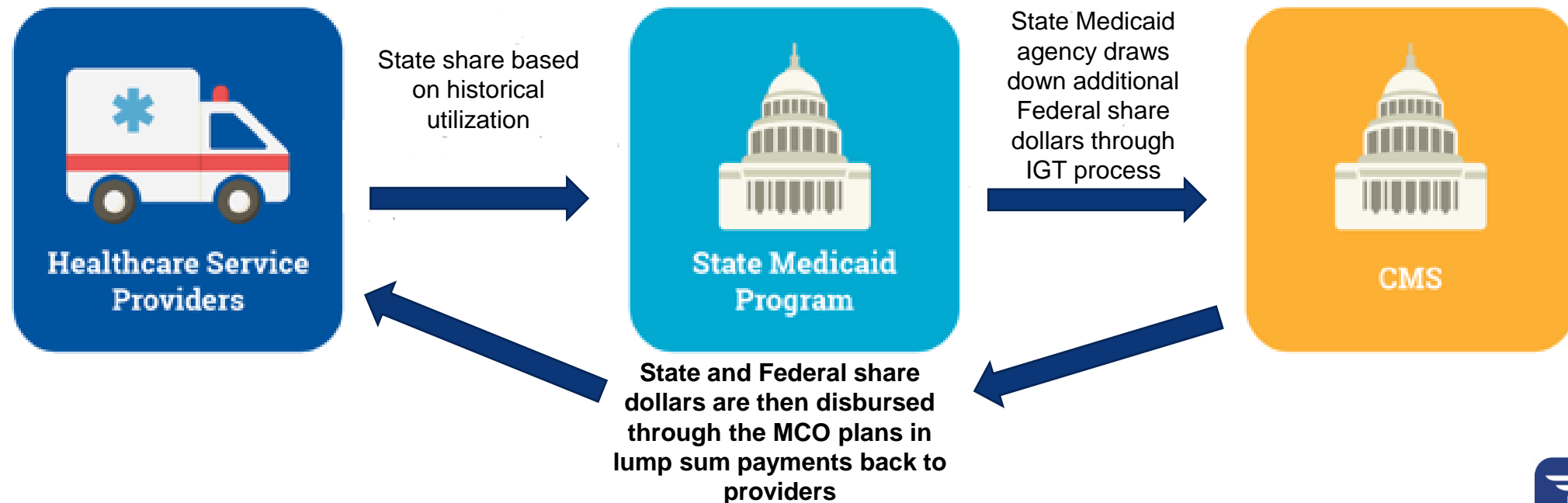
	Data Source	Estimate	Calculation
1	Budget/Expenditures	\$ 4,233,499	
2	EMS/Medical Percentage	100%	<i>EMS calls/total calls</i>
3	Total EMS Costs	\$ 4,233,499	<i>Line 1*Line 2</i>
4	Total EMS Transports	4,450	
5	Cost Per Transport	\$ 951	<i>Line 3/Line 4</i>
Medicaid MCO			
12	Medicaid MCO Transports	882	
13	Total Medicaid MCO Costs	\$ 839,089	<i>Line 5*Line 6</i>
14	Total Medicaid MCO Payments	\$ 149,263	
15	Total Computable (State & Federal Share)	\$ 689,826	<i>Line 13-Line14</i>
16	FMAP Application	64.60%	
17	Projected Medicaid MCO Settlement	\$ 445,628	<i>Line 15*Line 16</i>



Intergovernmental Transfers – Managed Care

Intergovernmental Transfers (**IGTs**) are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state **Medicaid** agency.

- This provides a guarantee of federal matching funds for state expenditures for health and long-term care services for the country's low-income population.
- IGTs are the backbone and necessary for the success of the Medicaid managed care supplemental payment strategy – If providers do not IGT, it may impact the viability of the program.



MCO Background

- Medicaid **managed care** represents a delivery of services through contracts between a state Medicaid agency (i.e., ODM) and managed care organizations (**MCOs**) through capitated payments (per member per month)

There are 7 MCOs in OH:

1. AmeriHealth Caritas
2. Anthem BCBS
3. Buckeye Health Plan
4. CareSource OH
5. Humana Healthy Horizons
6. Molina Healthcare
7. United Healthcare

Managed Care Supplemental Payment Program Process

1. State Medicaid agency creates Medicaid managed care model to establish a supplemental payment rate for MCO transports
2. Providers complete a Letter of Agreement (LOA) to commit to IGT as part of the Managed Care program
3. Providers provide Medical transport services to Medicaid MCO enrollees
4. Providers bill for Medicaid MCO transports
5. Providers receive interim claims payments
6. Data collection and model development occurs annually
7. State Medicaid agency invoices providers for the state share of supplemental payment
8. Providers submit Intergovernmental Transfers (IGT's) to State Medicaid agency
9. State Medicaid agency uses IGT funds to draw down matching federal funds
10. Each provider's IGT is returned, along with the matching federal share funds through the MCOs
11. Prospectively the IGTs and payments can happen quarterly, bi-annually or annually



Example

- Total cost for all Medicaid transports: \$150,000
- Total payments received for Medicaid transports: \$50,000
- Difference: \$100,000
- Federal share of difference: \$64,600
- MCO process:
 - Department “puts up” 35.4% of \$100,000 - \$35,400 – to ODM
 - ODM uses the \$35,400 state share portion to draw down federal share of \$64,600
 - Both portions - \$35,400 + \$64,600 are sent to the Department through the MCOs

Key Items to Note

- This is an entirely **optional** program
- There are other active State Directed Payment Preprint programs in OH that utilize an IGT process for drawing down the federal dollars
- PCG can take care of all this for you!
- PCG does not charge any up front or flat fees for our services
- This program is budget neutral to ODM



Program Participation Requirements

Program Requirements to Participate

1. Meet the definition of a government-owned ambulance provider.
2. Have an active NPI number.
3. Provide requested data
4. Receive authorization for Intergovernmental Transfers
5. Sign a Memorandum of Understanding (MOU) to IGT and participate in a program with ODM.
6. Contract/sign agreement with all Medicaid MCOs (typically a one page agreement – PCG assists with this).



Memorandum of Understanding (MOU) Form

- This 3–4-page form is provided by ODM.
- The form is an agreement between ODM and the provider to IGT for the State share of the MCO supplemental payment program.
- It usually is required to be submitted before a **specific date each year.**



PCG's Role

PCG is working with OH providers to...

1. Design an **ASPP** to best meet the needs of OH providers
2. Develop **quality metrics** for preprint form submission to CMS
3. Work with industry leaders, ODM, and CMS to gain **approval** for the ASPP
4. Assist with **implementation** of the program and train provider staff
5. Collect expenditure, transport and CAD data from providers
6. Assist with MCO **payment** modeling and track IGT payments
7. Provide comprehensive state and federal **audit support**

PCG's Role

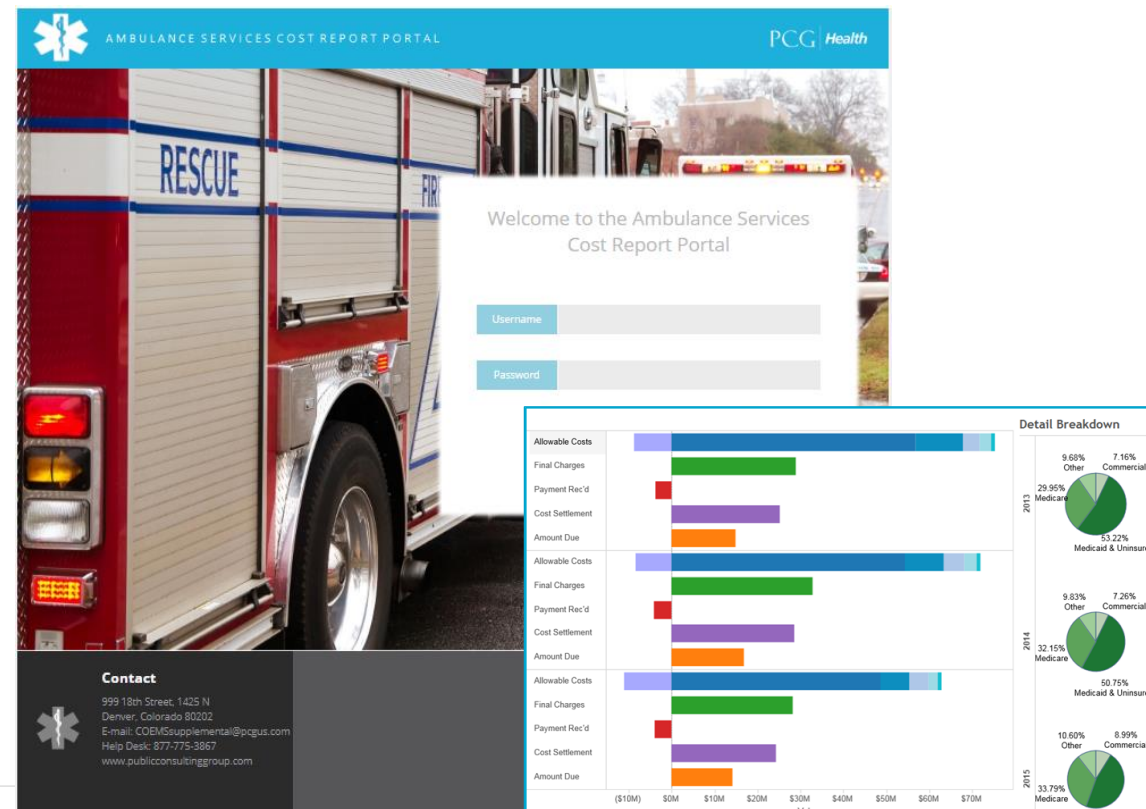
- ✓ Program Development
 - Develop value-based quality metrics
 - Develop actuarial sound program payment model
 - Collect and analyze Medicaid transport data from providers annually
 - Medicount provides streamlined process due to their access to your billing data!
 - Draft CMS Preprint, Letter of Agreement (LOA) for provider IGT payment contracting between providers-MCOs and providers-ODM
 - Review questions from CMS and draft responses
- ✓ Individual Provider Assistance
 - Training, data gathering
- ✓ Review all data submitted
- ✓ Ongoing programmatic support



Ambulance Services Cost Reporting Portal

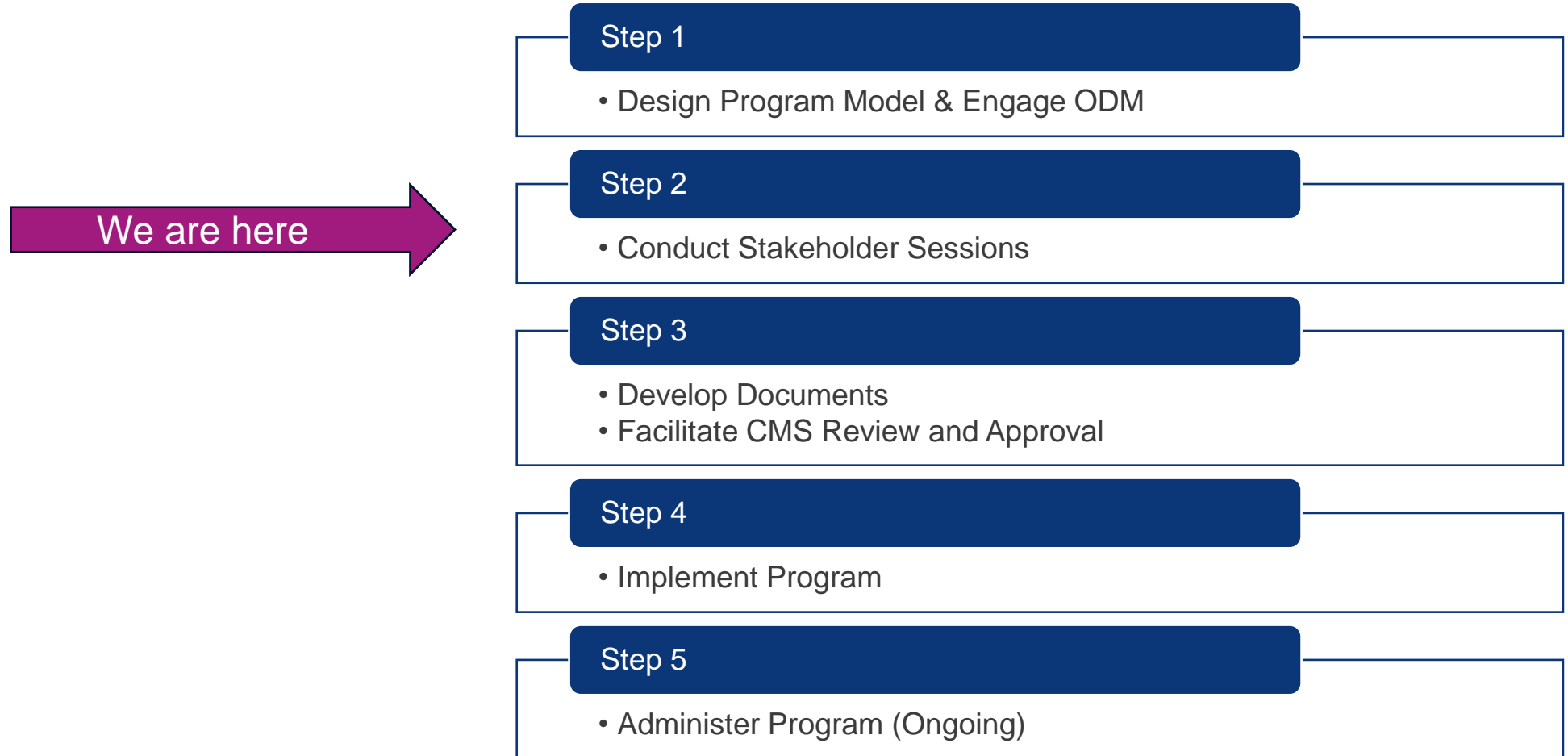
PCG leverages a web-based cost reporting system to calculate charge, expenditure, revenue, and other statistical information to establish increased payment modeling for the IGT.

- Streamlines data input and cost settlement calculations
- Exports submission-ready cost reports in accordance with federally-approved template
- Implements real-time validation checks for quality assurance and accuracy
- Enhanced reporting capabilities

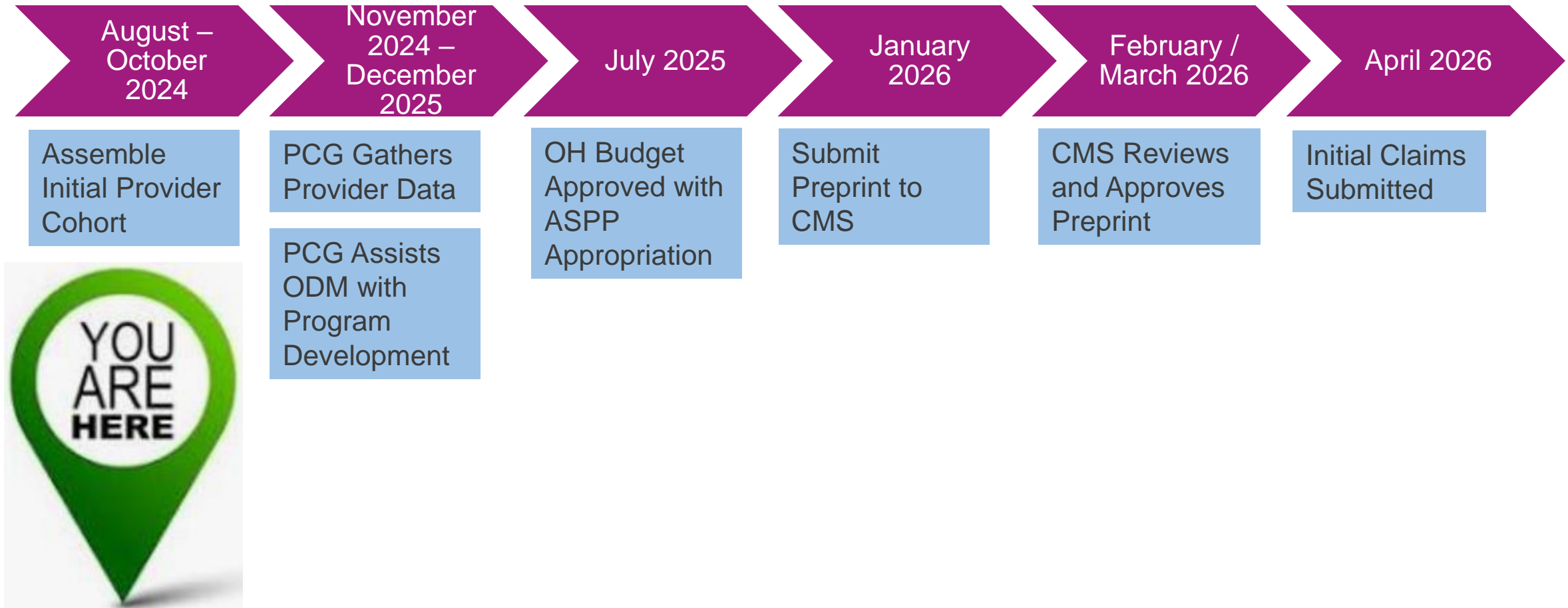


Timeline

OH MCO ASPP Implementation



OH ASPP Timeline



Next Steps

Where do we go from here?

- PCG can provide pro-bono estimates for your Department
- PCG/Medicount can send you a proposed services agreement for your review.
 - We can proactively work together on collecting the data while the contracting gets sorted out, if preferred!
- PCG can meet with Department/City/County/Township boards if needed to provide program overview
- Contact OHASPP@pcgus.com or hcaldwell@pcgus.com if you wish to discuss your projected settlement!
- We need providers signed on to participate by **Monday, September 30th, 2024**
- PCG and Medicount will keep all providers up to date on progress as we continue our ongoing meetings with ODM.

Q&A