

EMS Treat and No Transport Reimbursement



Client: Montana Department of Public Health and Human Services

Submitted by: The Eleva Group

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Introduction:

The Montana Department of Public Health and Human Services, is seeking to understand how other states handle reimbursement to ambulance service providers for situations where a patient is treated, but not transported to a facility.

An assessment of six states was completed and an overview and comparison follows. The six states included are Washington, Idaho, North Dakota, South Dakota, Utah, and Wyoming.

Methods:

The Medicaid and Health Services Division and the EMS and Trauma System Section of the Montana Department of Public Health and Human Services, in consultation with the Montana Healthcare Foundation, provided the Eleva Group with a list of questions that formed the basis of an electronic and telephone survey conducted by Eleva staff between February 2023 and April 2023.

Eleva staff surveyed the states using a JotForm survey tool and then held telephone interviews and/or had email communications with the Office of EMS and Office of Medicaid in each of the states. Three states provided information in a phone interview with email follow-up and 3 states elected to complete the survey over email with follow-up through email communications.

Background:

Providers of Emergency Medical Services respond to a wide range of calls and types of emergencies. Reimbursement for service varies depending on the type of service provided and whether and where a patient was transported.

In Montana, a provider of EMS ambulance services is only reimbursed if the patient is transported to a hospital. At times, EMS is able to respond and treat on scene or refer to an appropriate level of care (e.g., urgent care, behavioral health provider). Treating on scene or referring to an appropriate level of care can provide positive outcomes for the patient and the state health system as these actions reduce inappropriate transports, admissions, costs, and free up critical resources.

In these cases, the ambulance service provider receives no payment for these valuable services provided even though it has provided important clinical assessments and incurred commercial and clinical liabilities associated with the response. With already thin operating margins, providing services without reimbursement presents a challenge for ambulance service providers and does not accurately value the time and expertise provided.

Some states have Medicaid reimbursement methods in place to provide ambulance service providers with payment for these valuable services. Payment for these services is small in comparison to the potential reduction in cost associated with unnecessary transports, ED visits, and hospitalizations.

In addition, commercial insurers like Anthem¹ and United² (paramedic only) are recognizing the value of treat and no transport services and have begun to reimburse providers.

Assessment Findings:

In looking across Washington, Idaho, North Dakota, South Dakota, Utah, and Wyoming it was found that Medicaid reimbursement for treat and no transport scenarios are in place in each of these states. The programs differ in degree of complexity, payment rates, and participation levels. A full comparison can be found in Appendix A: Treat and No Transport Information Summary by State.

An analysis of key findings follows:

Focus Area:	Findings and Analysis:
Reimbursement Level:	<p>The level of reimbursement for treat and no transport services varies by state. Some states set the reimbursement amount equal to the amount that would have been paid if transport occurred. Other states have set the reimbursement amount for treat and no transport at a lower level than if transport had occurred.</p> <p>States where the reimbursement for treat and no transport was set lower than the ambulance base rate found that ambulance service providers continued to take patients to the hospital. Some states were working towards increasing reimbursement amounts to match the level provided when a transport occurs.</p>
Program Participation Criteria:	<p>The states surveyed vary widely in how treat and no transport reimbursement programs are structured.</p> <p>Some states have set criteria and require providers to enroll or set up certain programs to participate. Other states have no specific criteria or program enrollment. In these states, providers enrolled with Medicaid can bill for treat and no transport as they would a typical transport with appropriate billing codes and modifiers.</p> <p>States also differ in terms of which types of providers qualify for reimbursement. Some states limit reimbursement to services provided by paramedics and do not pay treat and no transport services provided by EMTs.</p> <p>States with higher restrictions on program participation noted low levels of participation in treat and no transport billing.</p>
Billing Codes and Process:	<p>Most states surveyed use the A0998 (Ambulance response and treatment with no transport) CPT code to indicate treat and no transport. One state uses A0998 along with different modifiers that indicate where the patient was referred to in lieu of hospital transportation. One state has providers bill the base ALS or BLS code instead of using a separate code.</p> <p>In some states Medicaid completes a pre-payment review of all, or a subset of billed ambulance services to verify that services were billed accurately, and that treatment was medically necessary.</p>
Lessons Learned:	<p>Each state shared valuable lessons learned based on experiences in setting up reimbursement programs for treat and no transport services. Here are the common themes:</p> <ul style="list-style-type: none"> • Setting a treat and no transport reimbursement rate lower than the ambulance base rate for transportation discouraged participation and limited the benefits of the program • The more barriers to entry (program complexity, level of certification provided), the fewer the number of providers that will participate • When starting a treat and no transport reimbursement program, it's important to do education and outreach with providers to ensure the best participation and increase program benefits. Some states indicate a focus in this area was initially missed and increased participation was seen through education and outreach.

Recommendations:

It's recommended that Montana develop a program to reimburse ambulance service providers for treat and no transport services.

It's critical for Montana to maintain an adequate network of ambulance service providers and providers need to achieve financial sustainability to continue to provide services. Appropriate reimbursement for time and effort to support Montana Medicaid patients is key.

A program that values treat and no transport services has additional value in ensuring patients receive the appropriate level of care, avoiding expensive ED visits when medically appropriate, and preserving the most critical healthcare resources for those in need.

When designing a program, the following considerations are recommended based on learnings from the six states surveyed:

- **Stakeholders:** Involve all key stakeholders in the planning process. Other states noted a wide stakeholder group including Medicaid, hospitals, ambulance companies, EMS Office, fire fighters associations and even home health agencies.
- **Reimbursement Level:** Set the reimbursement level for treat and no transport equal to the ambulance base rate for service with transportation. Setting the rate lower will deter providers from appropriately using the reimbursement program.
- **Program Complexity:** Keep the program as simple as possible with few barriers to entry. The more complex the program the fewer the number of providers will participate, reducing the benefit of the program.
- **Outreach and Education:** Once a program is developed, kick off with planned outreach and education for ambulance service providers and provide periodic outreach and education as needed to increase participation in the treat/no transport program

In summary, a well planned and implemented treat and no transport reimbursement program can provide many benefits to patients, ambulance service providers, the state, and the overall Montana healthcare system.

References:

1. Anthem A0998 billing guidelines: <https://providernews.anthem.com/virginia/article/reminder-hcpcs-code-a0998-ambulance-response-and-treatment-with-no-transport-active-and-available-for-use#:~:text=HCPCS%20code%20A0998%20applies%20to,accordance%20with%20the%20member's%20benefits>.
2. United Transportation Services:
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/ambulance-services.pdf>
3. Appendix A: Treat and No Transport Information Summary by State
 - a. Summarizes detailed questions and answers by state
 - b. Provides a detailed listing of state Medicaid and EMS contacts that participated in the assessment
 - c. Summarizes reference material by state