



Maryland Medicaid Advisory Committee September 22, 2022

Innovation, Research, and Development

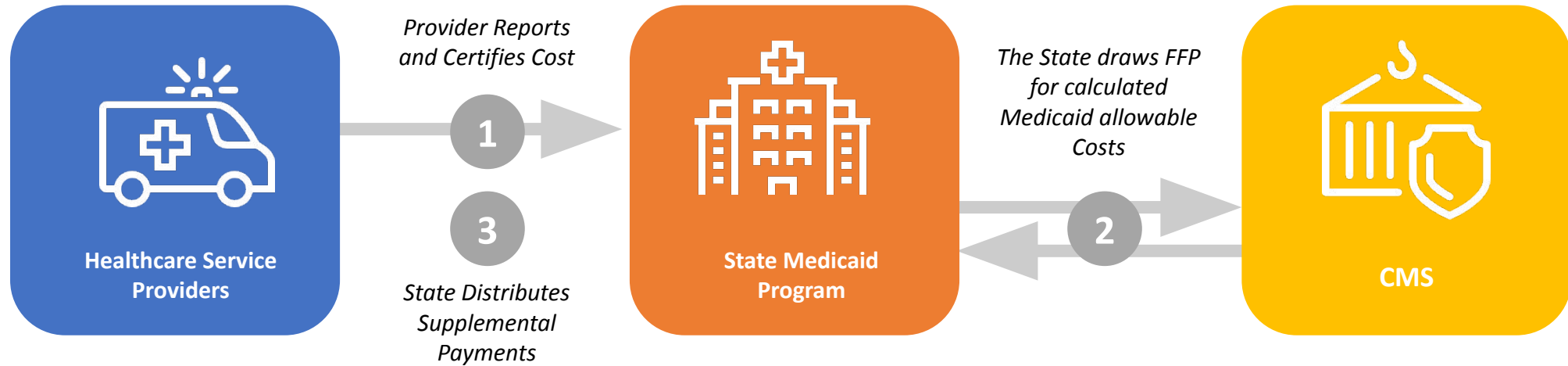
Alyssa Brown, Director
Sharon Neely, HPA Adv
Meredith Lawler, HPA
Sania Rahman, HPA



Maryland Medicaid

- More than 1.7 million Marylanders receive health care coverage through Medicaid.
- Partnership with MIEMSS: Emergency Service Transporter Supplemental Payment Program (ESPP).
- Covered transportation services:
 - Emergency Medical Services (EMS) for medically necessary transportation of the patient to the emergency department or a hospital;
 - Non-Emergency Medical Transport (NEMT);
 - Expanded coverage for EMS services effective January 1, 2023.

Maryland ESPP Overview



1. Provider completes and certifies an **Annual Cost Report** that captures the total cost of the department for providing EMS services.
2. The Cost Report calculates the total **Medicaid Allowable Costs** and the federal share of these costs that have not been reimbursed through Medicaid billing.
3. CMS disburses the calculated federal share of the settlement to the State Medicaid agency, who then allocates **supplemental payments** to providers.

ESPP Qualifying Providers

To qualify to participate in ESPP, providers must meet all of the following:

1. Be enrolled as a Medicaid provider for the period being claimed on their annual cost report;
2. Provide ground Emergency Transport Services to Medicaid recipients; and
3. Be designated as a “Jurisdictional Emergency Medical Services Operational Program (JEMSOP)” funded directly by public (tax) dollars (i.e., a function of the taxing authority).

Providers must enter into an agreement with Medicaid and the Department’s auditor to participate in ESPP and authorize data exchanges.

ESPP Qualifying Costs

Costs made in the provision of emergency transportation services:

- **Direct Costs:** payroll, medical equipment and supplies, professional and contracted services, capital outlay, travel, training, etc. directly attributed to the provision of emergency transportation services.
- **Indirect Costs:** Indirect costs are those that cannot be readily assigned to a particular cost objective, and are those that have been incurred in the provision of emergency transportation services.

Unallowable Costs: Bad debts and contributions and donations (2 CFR, Part 200)

Before ESPP: \$2,500 transport

\$150
FFS Claim

Uncompensated cost \$2,350

Medicaid Claim: \$150

Total payment: \$150

Under ESPP: \$2,500 transport

\$150
FFS Claim

50% ESPP eligible
uncompensated costs paid to
JEMSOP (\$1,175)

50% uncompensated
costs remain (\$1,175)

Medicaid Claim: \$150
+ ESPP Payment: \$1,175

Total payment: \$1,325

ESPP Preliminary Results:

Program Year 1, Oct. 1, 2020-June 30, 2021

The bottomline:

- Supplemental Payments: **\$81 million** to the 13 participating JEMSOPs.
 - More than 80% of all emergency service transports provided to Medicaid members — and 23% of all emergency service transports overall by participating JEMSOPs — were eligible for a supplemental payment.
- No new state general funds are needed to support the program.

Looking ahead to Program Year 2:

- Medicaid anticipates ESPP will result in **over \$100 million** in funding to participating JEMSOPs.
- Five additional JEMSOPs are expected to join the program.

ESPP Year 1 Participants

- Allegany County
- City Of Annapolis
- Anne Arundel County
- Baltimore City
- Baltimore County
- Caroline County
- Dorchester County
- Frederick County
- Harford County
- Howard County
- Montgomery County
- Prince George's County
- Queen Anne's County

EMS Expansions: Senate Bill 295 (Ch 668 of the 2022 Acts)

- Senate Bill 295, *Maryland Medical Assistance Program – Emergency Service Transporters – Reimbursement*, requires Maryland Medicaid to reimburse Emergency Service Transporters for the following:
 - Mobile Integrated Health Services;
 - Transportation to Alternative Destinations; and
 - Treatment in Place.
- Effective January 1, 2023, these new transportation initiatives will be covered under Maryland Medicaid

Mobile Integrated Health

- SB 295 defines mobile integrated health (MIH) as community-based preventive, primary, chronic, pre-admission, or post-admission health care services.
- MIH aims to improve health outcomes, reduce burden on the EMS system, and reduce ED admissions and hospital readmissions.
- [Under MIEMSS Protocol](#), the following populations are targeted:
 - Patients who have called 9-1-1 for any medically-related reason five times in any six-month interval (patient's consent required) or
 - Patients who are referred to the MIH team by other allied health professionals or EMS clinicians (patient's consent required).

Mobile Integrated Health, cont.

- Reimbursement of MIH services aligns with other EMS reimbursement methodology and rates (\$150/event).
- Medicaid, both FFS and managed care, will cover this benefit.

Alternative Destination

- Emergency Service Transporters may transport patients with a low-acuity health condition to a location in which urgent health care services are delivered in non-ED settings, such as urgent care centers (UCC).
- Fee-for-service (FFS) Medicaid will reimburse for transportation to alternative destinations - urgent care centers and FQHCs.
- Reducing avoidable transports to the ED is expected to:
 - Allow participants with low acuity 9-1-1 calls to receive appropriate care at ADs;
 - Decrease ED volume and wait times;
 - EMS turnaround time will decrease.

Treatment in Place

- In situations where a patient receives medical services but refuses or does not require transport to another location (ED), EMS providers will be eligible for reimbursement for the treatment provided on scene.
- EMS providers will continue to follow MIEMSS medical protocols.
- EMS providers who perform services on scene will be reimbursed on a FFS basis (\$150).

Current Status

- Regulations will be promulgated at the beginning of CY 2023.
- The State Plan Amendment (SPA) has been submitted to CMS for review and is awaiting approval.
- Medicaid will be publishing provider transmittals in the near future. These transmittals will include guidance for JEMSOPs and MCOs.
- Medicaid will continue to partner with MIEMSS as the benefits are rolled out.

MDH Contact Information

- For additional questions, please contact Alyssa Brown or Sharon Neely.

Alyssa L. Brown, JD	Sharon Neely, MSPH
Director of Innovation, Research, and Development	Special Assistant to the Deputy Director; Innovation, Research, and Development
alyssa.brown@maryland.gov	sharon.neely@maryland.gov