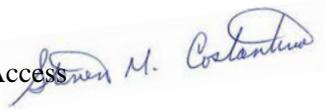




**MEMORANDUM**

**To:** Senator Ayer, Chair, Senate Committee on Health & Welfare

**From:** Steven M. Costantino, Commissioner, Department of Vermont Health Access 

**Cc:** Hal Cohen, Secretary, Agency of Human Services

**Date:** January 15, 2016

**Re:** Request for Information following Testimony from Department of Vermont Health Access on Medicaid Ambulance Reimbursement

This memorandum is in response to the request for information during the January 6, 2016 meeting of the Senate Committee on Health & Welfare regarding the Medicaid reimbursement for ambulance and emergency transportation from the Department of Vermont Health Access (DVHA).

**What does DVHA reimburse for ambulance response to medical call that does not result in transportation to hospital?**

**Methodology of rate setting for A0998**

The Ambulance Response and Treatment - No Transport procedure code (A0998), is listed in the fee schedule and shows that the covered reimbursement rate is 28% of the provider charges on claims. A provider can use this code when they respond to an emergency call and provide an initial assessment of the patient, but the patient informs the provider that they do not want to be transported to the emergency department. The current methodology means providers bill Medicaid varying amounts for this code (A0998). Depending on the billed amount this code may in fact reimburse the provider at a greater rate, as compared to the Ambulance Basic Life Support Emergency Transport procedure code (A0429), which would likely be the code used if transport to the hospital was carried out.

**Utilization of code A0998**

State utilization of this code totals 7 claims from SFY 12 through SFY 16.

All Vermont Medicaid covered procedure codes and rates are located in the fee schedule and are made public through the State website.

**Monitoring sufficiency of network and access to care**

DVHA reviews any member or provider complaints regarding access to care issues with ambulance and emergency transport, including issues of no longer participating in Vermont Medicaid. This review is conducted by DVHA's Reimbursement Unit and Provider Member Relations Unit. An analysis of access to care includes a review of how many members accessed the services in the last 24 months, where the member was physically located to ensure that DVHA is meeting the needs of members in accessing services in their area, as well as the capacity of other providers who render the same services.

Communication is done with either the provider or member to assess their needs. In depth conversations usually occur in trying to work with the provider who is considering leaving the network. This analysis also includes a review of Vermont Medicaid reimbursement for services.