

EMS 2/21

Drew Hazelton

Proc Codes	2016 Rate (80% of Medicare 2015 Rate)	2019 Rate (80% of Medicare 2019 Rate)	Current Spend	Increase Impact	Increase Impact per Code
A0425	\$5.82	\$6.04	\$1,388,390.10	\$1,440,872.20	\$52,482.10
A0426	\$217.63	\$226.23	\$87,487.26	\$90,944.46	\$3,457.20
A0427	\$344.58	\$358.20	\$1,739,784.42	\$1,808,551.80	\$68,767.38
A0428	\$181.36	\$188.53	\$315,203.68	\$327,665.14	\$12,461.46
A0429	\$290.17	\$301.64	\$1,615,666.56	\$1,679,531.52	\$63,864.96
A0433	\$268.54	\$518.45	\$37,327.06	\$72,064.55	\$34,737.49
A0434	\$589.41	\$612.71	\$186,842.97	\$194,229.07	\$7,386.10
			\$5,370,702.05	\$5,613,858.74	\$243,156.69

Codes	SFY 18 Utilization
A0425	238555
A0426	402
A0427	5049
A0428	1738
A0429	5568
A0433	139
A0434	317

8.0 Credentialing

- 8.1 A licensed EMS provider must be credentialed in accordance with this rule initially and at least annually thereafter within their sponsoring EMS agency to perform emergency medical treatment.
- 8.1.1 Initial credentialing through EMS education and training shall consist of:
- 8.1.1.1 IS 100: Introduction to the Incident Command System (ICS);
 - 8.1.1.2 IS 200: ICS for Single Resources;
 - 8.1.1.3 IS 700: National Incident Management Systems (NIMS) An Introduction;
 - 8.1.1.4 Hazardous materials training at the appropriate level for the provider;
 - 8.1.1.5 Bloodborne pathogen training;
 - 8.1.1.6 Health Insurance Portability and Accountability Act (HIPAA)/privacy training;
 - 8.1.1.7 Protocol education (verified either through initial education or at the service level).
- 8.1.2 Ongoing credentialing shall consist of:
- 8.1.2.1 Refresher/renewal hazardous materials training at the appropriate level for the provider;
 - 8.1.2.2 Refresher/renewal bloodborne pathogen training;
 - 8.1.2.3 Refresher/renewal HIPAA/privacy training;
 - 8.1.2.4 Demonstration of ongoing competency of knowledge and skills at the level licensed, under the oversight of the district medical advisor:
- 8.1.2.4.1 **Areas of competencies: basic cardiac life support/cardiac arrest management, traumatic and medical patient assessment, airway and ventilatory management, hemorrhage control and splinting, obstetrics/gynecological skills, and communication & documentation.**
 - 8.1.2.4.2 **Methods of approval: retrospective Patient Care Record (PCR) and/or SIREN review, concurrent PCR review, direct field observation, demonstration in a simulation laboratory setting, approved transition course, or continuing education course.**

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Hi Drew,

I wanted to follow up on our discussion on ambulance rates a few weeks ago. Our team took on two tasks. First, we evaluated ambulance rates compared to Medicare over time. Second, we took a look at the code that you identified as being left out unintentionally during the adjustments that occurred simultaneously with the provider tax implementation.

Medicare Comparison Analysis

- As you know, we increased the rates in 2016 to pay 80% of Medicare's 2015 published fee schedule.
- DVHA has not updated rates since then.
- Accordingly, we are not currently paying at 80% of Medicare's published rates today.
- Summary table below.

Procedure Code	DVHA Current Rate	2015 Medicare Rate	2016 % Of Medicare	2018 Medicare Rate	2018 % Of Medicare	2019 Medicare Rate	2019 % Of Medicare
A0425	\$5.82	\$7.27	80%	\$7.37	79%	\$7.55	77%
A0426	\$217.63	\$272.03	80%	\$276.43	79%	\$282.79	77%
A0427	\$344.58	\$430.72	80%	\$437.68	79%	\$447.75	77%
A0428	\$181.36	\$226.70	80%	\$230.36	79%	\$235.66	77%
A0429	\$290.17	\$362.71	80%	\$368.57	79%	\$377.05	77%
A0433	\$268.54	\$623.41	43%	\$633.48	42%	\$648.06	41%
A0434	\$589.41	\$736.76	80%	\$748.66	79%	\$765.89	77%

The attached workbook analyzes the estimated costs of increasing the rate to 80% Medicaid. The estimated impact would be approximately \$243,000.

Code Analysis.

You are correct, A0433 was not updated in 2016. It sits much lower. The estimate is that it would take about \$34,000 to update the code; however, I imagine it would cost more since utilization is likely artificially low.

Overall

DVHA does not at the present time have the budget to update these codes, but we are going to take a hard look at whether we could update the mistaken code. I hope the data is helpful to you as you consider talking with legislators. Either way, let's catch up again on this. Jess, could you set a time for Drew and I connect by phone over the next few weeks?

Michael