FAA-AHCA MMA Ambulance Reimbursement Discussion

 Meeting Minutes | December 15, 2015 | Largo, Florida

# President’s Welcome & Introductions

Florida Ambulance Association President, Alan Skavroneck

# Central Issue/Impetus for Meeting

Following the implementation of the SMMC program, ambulance services have experienced ongoing difficulty receiving timely, fair reimbursement for transportation provided to patients.

* FAA members present in the room for the meeting alone were owed more than $12,000,000 collectively.
* Some claims have been repeatedly denied without cause since 2014.
* This is not a greed issue—hospitals and brokers call ambulance services for transport, not vice versa. Ambulance services need to be fairly reimbursed in order to continue operations.

# AHCA Update ([Slide Deck](https://faa.wildapricot.org:443/resources/Documents/Meeting%20Minutes%2C%20Agendas%2C%20Rosters/2015.12.15%20-%20AHCA%20MMA%20Slide%20Deck%20-%20David%20Rogers.pdf))

*David Rogers, Assistant Deputy Secretary for Medicaid Operations at the Florida Agency for Healthcare Administration*

### Statewide Medicaid Managed Care (SMMC) Update

* At one year post-implementation, patient access to care as well as HEDIS quality measures are at their best levels in history.
* The cost per beneficiary is decreasing.
* Participation by doctors and dentists is up.

### Streamlined Credentialing (for Providers)

* New this month, providers seeking to participate in a health plan can complete a shortened Limited Enrollment provider application. This eliminates the need for providers to undergo basic screens in order to participate in each health plan.
* Limited Enrollment results in the issuing of a Medicaid Provider ID, which is required for health plan contracting
* Completing a Limited Enrollment application does not guarantee acceptance by any plan—health plans are encouraged to have higher minimum standards.
* Fee-for-service providers must complete traditional Full Enrollment in order to directly bill Medicaid.

### Express Enrollment (for Beneficiaries)

* Effective January 2016, Medicaid recipients can chose to select their health plan at the time of Medicaid enrollment. This will create a streamlined process whereby beneficiaries are immediately enrollment in a plan upon approval for Medicaid.

### Medicaid Coverage Policies Update

* Upon review of Medicaid-related rules, it was determined that a majority require update.
* The goal is to align coverage policies with the SMMC implementation.
* Health plans are required to comply with all amount, frequency, duration, and scope requirements in the coverage and limitations handbooks.
* The new Transportation Coverage Policy
	+ Service specific (vs provider-specific)
	+ Authorization is handled by the health plan/brokers or Agency vendors (not Medicaid Area Offices)
	+ Reimbursement rates are negotiated in contracts with the health plans/brokers or Agency vendors (not on a fee schedule)

### Centralized Complaint Process

* In order for AHCA to better address issues as well as track trends, complaint handling has been centralized to Fort Meyers.
* The main purpose of the complaint-handling staff is to ensure that health plans are compliant with their contractual obligations.
* Provider payments is currently the top complaint topic.
* Beneficiaries are encouraged to submit complaints by phone, providers via the web at <http://ahca.myflorida.com/smmc>.

# Differentiation Between Ambulance and Non-Emergency Transportation (NET)

* Ambulances transport patients, NET transports passengers.
	+ NET vehicles have no medical equipment onboard, provide no medical interventions, and are not licensed by the state.
* There are many circumstances requiring emergent transport that is not initiated 911.
	+ Ex: Moving a high-risk late-term pregnancy patient requiring extensive ongoing monitoring from one hospital to another that has critical equipment/staff for this condition.
	+ *Most* transportation to scheduled physician’s appointments do not require ambulance usage, but again, there are exceptions.
* “Emergency” status is defined by how the call comes in to dispatch.

# Provider Contracting

* Many provider contracts are geared toward non-emergency transportation (NET), not ambulance transportation.
* Government providers of ambulance services have difficulty signing provider contracts.
* Per David Rogers, the existing AHCA handbooks are out-of-date run in parallel to provider contracts, and the contracts supersede the handbooks where they differ.

# Certificate of Public Convenience and Necessity (COPCN) process

* A COPCN is needed for each geographic area in which an ambulance service operates. Generally, an ambulance service needs to be licensed in either the area of pickup OR dropoff, but there are exceptions.
	+ For example, in Pinellas County, by contract only Sunstar is permitted to transport patients.
* Some brokers and insurers are not familiar with these regulations and routinely call ambulance services to provide transports in violation of the rules.

# Health Plan/Transportation Broker Communication Issues

* Many health plans are delegating utilization management (UM) to their vendors (transportation brokers), resulting in communication problems and delays.
* Many brokers seem to close early or be unable to provide authorization for transport outside of normal business hours, despite the requirement that they operate 24/7.
	+ One broker revealed that in some cases, although they are open 24/7, certain health plans require them to call case managers who have left for the day in order to obtain an additional level of authorization, which causes additional delay.
* Health plans and brokers agreed to investigate and evaluate their current internal processes, then participate in a follow-up meeting.

# Crossover Payments

* Across the board, ambulance services experience extreme difficulty in receiving full payment for transportation of dual-eligible beneficiaries.

# Next Steps

* The health plans and transportation brokers agreed to look into the ambulance reimbursement issues at their own organizations, review their processes, then participate in an ongoing dialogue with the FAA and AHCA.
* The FAA collected contact information from all individuals present at the meeting, and will disseminate this to the group by the end of December.
* A follow-up meeting will be set for the end of January or beginning of February 2016 to continue the discussion.