



January 25, 2019

The Honorable Delores Kelly
Chair
Senate Finance Committee
3 East Miller Building
Annapolis, MD 21401

The Honorable Shane Pendergrass
Chair
House Health and Government Operations
Room 241 House Office Building
Annapolis, MD 21410

RE: MSAR #11729_#11730 SB 682/Ch. 605, 2018
Final Transmittal Report on EMS Reimbursement for three Delivery Models

Dear Chair Kelly and Chair Pendergrass:

The Maryland Health Care Commission (MHCC) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) are pleased to submit the enclosed final report “Coverage and Reimbursement for Emergency Medical Services Care Delivery Models and Uncompensated Services.” This final report is being submitted in response to Senate Bill 682 (Chapter 605, Acts of 2018) “Emergency Medical Services Providers-Coverage and Reimbursement of Services-Reports and Plan.”

MHCC and MIEMSS worked closely with other state agencies, including Medicaid and the Health Services Cost Review Commission (HSCRC), health insurance companies and their representatives, EMS programs, hospitals, and a number of other stakeholders to study coverage and reimbursement for three care delivery models provided by EMS: treatment provided without transport, for transport provided to alternative designations (such as urgent care centers), and for mobile integrated health programs (which provide in-home care and referral). Each of these three care models has tremendous potential to improve patient care, reduce system-wide costs, reduce emergency department overcrowding, and improve ambulance turn-around times, which impacts 9-1-1 response times and public safety.

However, additional efforts and data are needed to understand how these models would fit into the Medicaid and Medicare programs and budgets, to better establish the business case for private health insurers, and identify appropriate cost sharing between payers. These additional efforts will clarify any potential overlap between these program models and home health care

services and care management services under the Maryland Primary Care Program, and focus on creating appropriate payment incentives to support the Total Cost of Care Model.

This report contains a substantial number of recommendations to ensure that data collection and program evaluation continues. HSCRC should make grant funds available to support programs conducted in collaboration with hospitals that have the potential to contribute to Medicare savings and reduce unnecessary hospital utilization. The recommendations also emphasize the importance of alignment of EMS reimbursement policies among private payers, Medicare and Medicaid, to prevent cost shifting between private and public payers. This report does not contain any recommendations for legislative change at this time.

MHCC and MIEMSS would like to thank our colleagues at the Maryland Department of Health and HSCRC and all the stakeholders that participated in the development of this report. We look forward to continuing work with these stakeholders on this topic in the coming year.

Please do not hesitate to contact Ben Steffen Ben.Steffen@maryland.gov (410-764-3566) or Pat Gainer Pgainer@miemss.org (410-706-5074) with questions or comments about this topic.

Sincerely,



Ben Steffen
Executive Director
Maryland Health Care Commission



Patricia Gainer
Acting Executive Director
Maryland Institute for Emergency
Medical Service Systems

Enclosure

cc: Robert R. Neall, Secretary, Maryland Department of Health
Robert Moffit, Ph.D., Chair, Maryland Health Care Commission
Donald L. DeVries, Jr., Esq., Chair, State Emergency Medical Services Board
Katie Wunderlich, Executive Director, Health Services Cost Review Commission