



The EMS System is in Crisis and How YOU Can Help Talking Points

No sustainable funding mechanism for EMS which has led to a public safety crisis.

1. What Controls a VIABLE EMS system?
 - a. Adequate call volume – but BILLABLE call volume
 - b. Cost of readiness – personnel, equipment and supplies 24/7
 - c. Effective administration – EMS is a business with HR, operations, QA, compliance, accounts receivable AND payable.
 - d. Adequate reimbursement – which is highly dependent on the payor.
2. Misconceptions
 - a. EMS Agencies bill and receive full payment for all services
 - i. 50-70% of all reimbursement comes from Medicare, Government contracted MCO's and MEDICAID
 - ii. Programs are fee for service and payment rates are PRE-determined
 - b. Medicare
 - i. Based on a fee schedule instituted in 2002
 - ii. Yearly deductible and 20% beneficiary copay
 - iii. Fee schedules and copays vary (in many cases, the co-pay and deductibles are a cost shift back to the beneficiary)
 - iv. PA has the 6th oldest population
 - v. 40 – 60% of all encounters are patients with this coverage
 - vi. 2,519,685 beneficiaries in PA
 - vii. This is EMS largest payor and it does NOT cover costs**
 1. 2008 GAO report stated the fee schedule was 6-17% BELOW the cost to provide the service
 - c. Medicaid
 - i. Funded with both state and federal dollars
 - ii. Based on a fee schedule instituted in 2004
 - iii. 10-30% of all encounters are patients with this coverage
 1. Some urban areas have higher numbers
 2. High utilization of EMS by this patient group.
 - iv. 2,889,954 beneficiaries in PA
 - v. December 2014, DHS virtually eliminated any reimbursement for mileage
 - vi. Medicaid does NOT cover the cost to provide this life saving service**
3. Medicare pay 6-17% BELOW the cost
4. Medicaid pay 30% of the cost
5. At least 42% of the population in PA have one of these two payors

6. Commercial insurers gradually reduced reimbursements and are now a contributing factor in the EMS system collapse
 - a. Reimbursement from this payor group is variable based on the coverage
 - b. 20-30% of EMS encounters
 - c. They used to be relied on to offset below cost reimbursement from governmental programs
 - d. They have changed reimbursement to comply with the ACA
 - i. Eliminated the EMS agencies' ability to offset costs.
 - e. This also affects the EMS Agencies decision to participate as an in network provider
7. Auto and Workers Comp
 - a. Reimbursement is capped at 110% and 113% of the Medicare rates
 - b. This does not provide the relief needed to support the system
8. Private Pay
 - a. Cost shifting high deductible and copayments
 - b. The most difficult group to collect payment
 - c. EMS bills are a fraction of the ER, Emergency practitioner and in-patient hospital bills
9. The EMS system has come to a point where escalating costs have met declining reimbursement head on
 - a. Consistent complex and inadequate funding
 - b. Limited access to care is the result
10. In Summary:
 - a. No increase in Medicaid reimbursement since 2004.
 - b. We are asking for a 50% increase in the Medicaid funding for EMS
11. EMS as Health Care
 - a. EMS must not and should not be treated as a transport service.
 - b. EMS is healthcare; healthcare that is needed immediately; without it people will die.
 - c. EMS is like a field hospital, an ER on wheels; how else do we get critically ill or injured patients to a hospital?
 - d. Unlike other healthcare providers with whom you must schedule an appointment to receive treatment, EMS is required by law to respond to a 911 call.
 - e. Unlike other healthcare providers, EMS must respond regardless of a patient's ability to pay.
 - f. Most EMS providers get their business from a 911 call box.
 - g. EMS must be available 24/7 whether they receive 2 calls a day or 20 calls a day.
 - h. EMS **does not** receive payments/reimbursement after responding to a 911 call when a patient refuses to be transported after receiving treatment; this does not happen anywhere else in healthcare.