



EMS Economics: The New Normal

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Rob Lawrence, MCM
Chief Executive Officer,
Rob Lawrence Consulting

Moderator



On Today's Agenda

Rob's Webinar BINGO Card

B	I	N	G	O
TIP	SNF	EMS	CMS	HHS
Testing	Tracing	Treat	Refer	Alt Destination
Medicare	Stimulus	CARES	Expense	Loss
Simulation	Stimulus	Evolution	Devolution	Revolution
REPLICA	Revenue	Reimbursement	Employment	Unemployment

A Great Looking Line-Up Today...

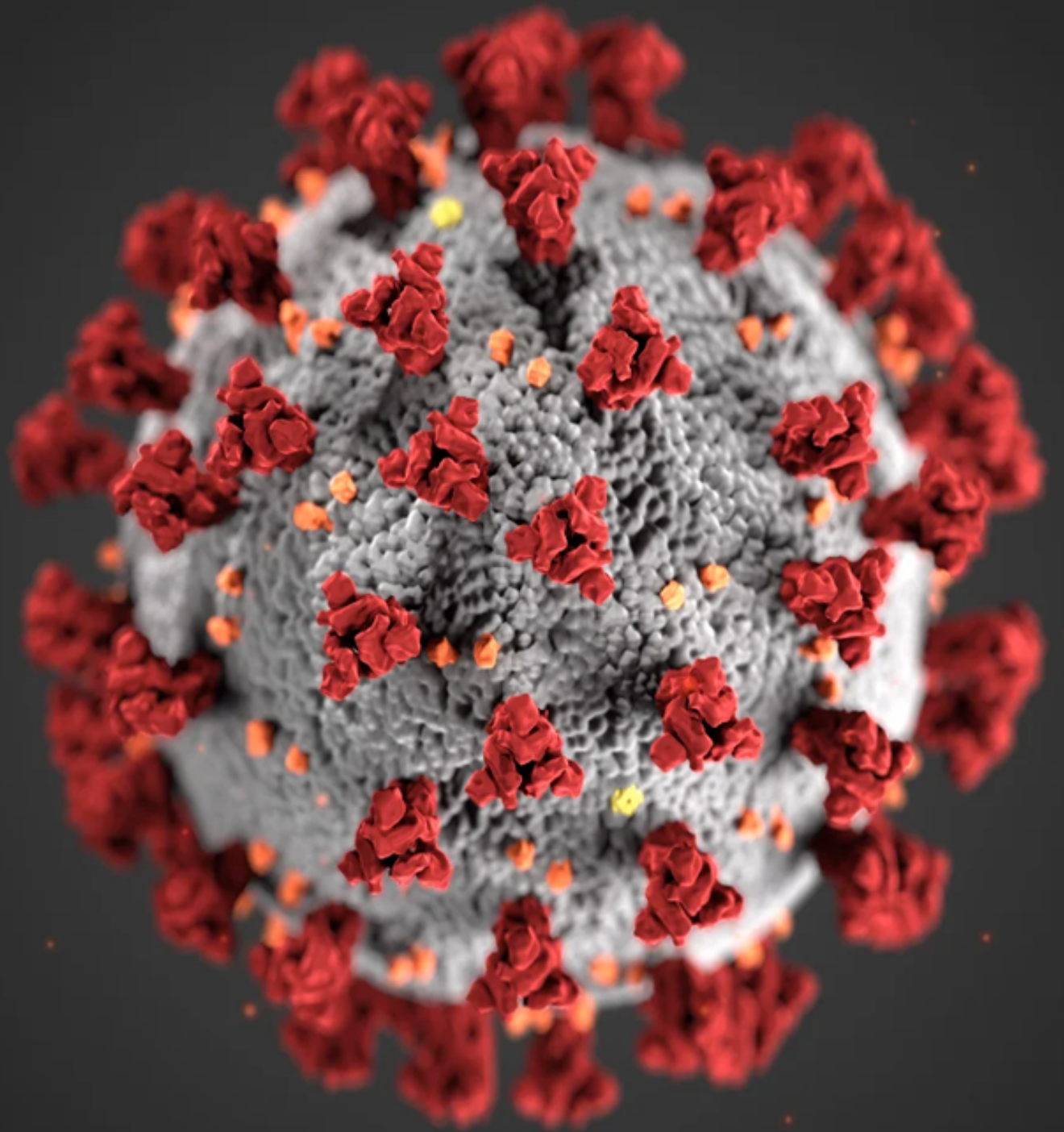


Steve Wirth, Esq., EMT-P
Attorney/Founding Partner,
Page, Wolfberg & Wirth, LLC

Panelist



Are You Tired
of This Image?

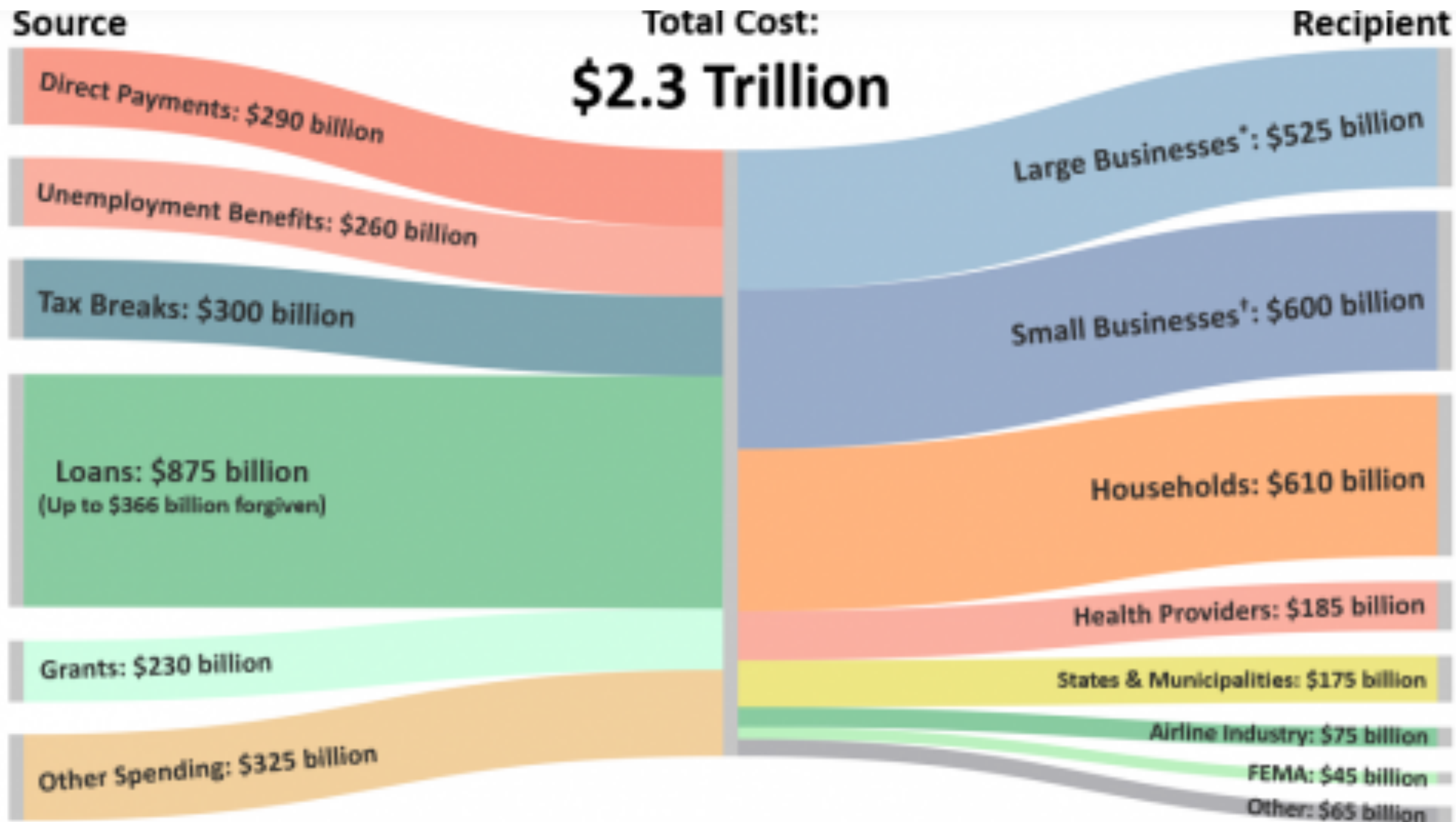






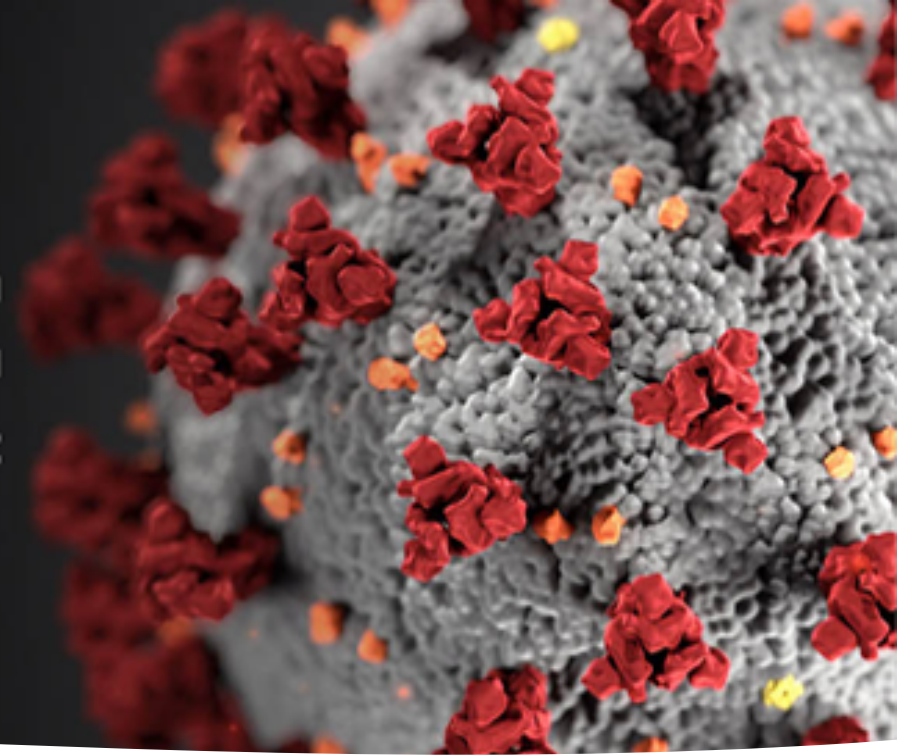
**WE'RE FROM THE
GOVERNMENT**

**AND WE'RE HERE TO
HELP YOU**



The CARES Act

Coronavirus Aid, Relief, and Economic Security Act



**Cares Act
Provider Relief
Funds Must
Be Used To...**

“Prevent, prepare for, and respond to coronavirus, and shall reimburse the Recipient only for health care related expenses OR lost revenues that are attributable to coronavirus.”



Whoo Hoo!
FIRST TRILLION
EARNED!!!

So What Can We
Spend it On?

COVID-19 Stimulus Funding

Probably OKAY

NOT OKAY

Can Spend Stimulus Money On:	Can't Spend Stimulus Money On:
Covering lost revenue related to decreased call volume or not being able to balance bill patients	Routine business expenses otherwise accrued regardless of COVID-19 (Other than paid with valid "lost revenue" recovery)
Employee overtime costs/hazard pay/bonuses	Excessive salaries (>\$197,300)
COVID-19 related education, training and legal fees	Lobbying costs (including funds to advocate or promote gun control)
Additional PPE necessary to treat and respond to suspected or confirmed COVID-19 patients	Past Medicare Debts
Paying third-party billing company costs	Payments to third parties convicted of felonies
Paying for health insurance and workers compensation costs	Covering expenses or losses reimbursed from other sources (i.e., no double dipping!)
Additional equipment costs (ventilators, respirators, oxygen, medications, masks, gloves, wipes, linens, disposable supplies, decontamination supplies, etc.) necessary to treat and respond to suspected or confirmed COVID-19 patients	Activities promoting legalization of drug or substance; projects that entail capture or procurement of wild chimpanzees; severe forms of human trafficking; maintaining or establishing a computer network for viewing, downloading and exchanging pornography (really, they're all identified in the terms and conditions)

The Terms and Conditions state that Provider Relief Fund payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the Recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. What expenses or lost revenues are considered eligible for reimbursement? (Added 6/2/2020)

The term “health care related expenses attributable to coronavirus” is a broad term that may cover a range of items and services purchased to prevent, prepare for, and respond to coronavirus, including:

- supplies used to provide healthcare services for possible or actual COVID-19 patients;
- equipment used to provide healthcare services for possible or actual COVID-19 patients;
- workforce training;
- developing and staffing emergency operation centers;
- reporting COVID-19 test results to federal, state, or local governments;
- building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide healthcare services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated; and
- acquiring additional resources, including facilities, equipment, supplies, healthcare practices, staffing, and technology to expand or preserve care delivery.

CARES Act Provider Relief Fund Frequently Asked Questions

CARES Act Provider Relief Fund Frequently Asked Questions

Provider Relief Fund General Information FAQs

Overview

General Distribution

Targeted Distributions

Attestation

Rejecting Payments

Terms and Conditions

Reporting Requirements

Balance Billing

Appeals

Publication of Payment Data

General Distribution FAQs

Overview and Eligibility

Payment Portal

Determining Additional Payments

Data Sharing



The Public Health and Social Services Emergency Fund (“Relief Fund”)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Acceptance of Terms and Conditions

If you receive a payment from funds appropriated in the Public Health and Social Services Emergency Fund for provider relief (“Relief Fund”) under Public Law 116-136 and retain that payment for at least 30 days without contacting HHS regarding remittance of those funds, you are deemed to have accepted the following Terms and Conditions. Please also indicate your acceptance below. This is not an exhaustive list and you must comply with any other relevant statutes and regulations, as applicable.

Your commitment to full compliance with all Terms and Conditions is material to the Secretary’s decision to disburse these funds to you. Non-compliance with any Term or Condition is grounds for the Secretary to recoup some or all of the payment made from the Relief Fund.

These Terms and Conditions apply directly to the recipient of payment from the Relief Fund. In general, the requirements that apply to the recipient also apply to subrecipients and contractors, unless an exception is specified.



Tracking COVID-19 Costs

OIG Strategic Plan: Oversight of COVID-19 Response and Recovery

May 2020

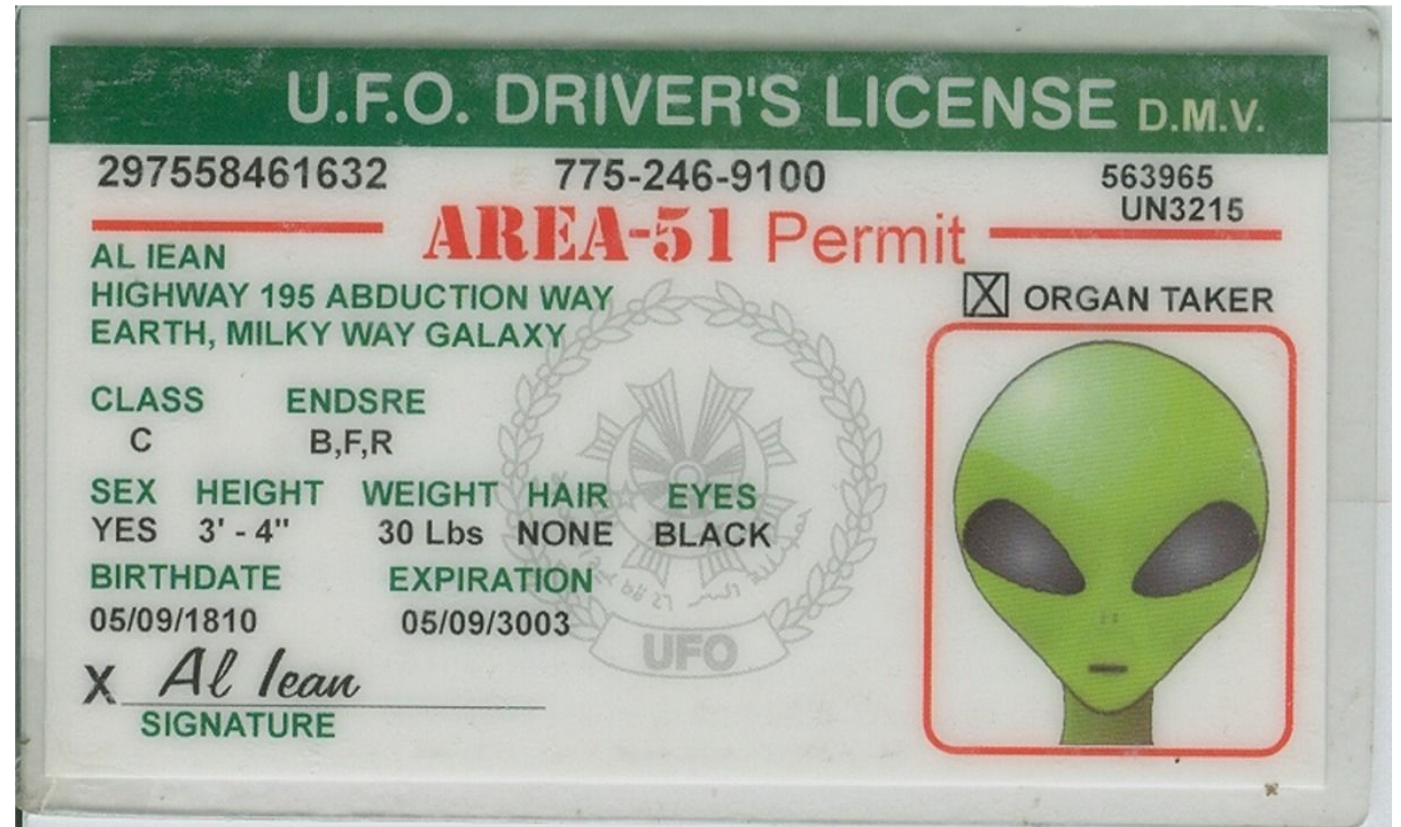


EMS Related Waivers

- Many states have provided relief to EMS providers
 - Service areas
 - Service hours
 - Staffing
 - Equipment
 - Protocols
 - Non-traditional ambulance transport



PHE Licensure and Staffing Waivers – Under Medicare



1) May Bill Medicare Without a Renewed License

- CMS has indicated that an ambulance can furnish services in compliance with Medicare billing regulations even “without a renewed license” – *if* the state or locality enacts a law, regulation or “legally adequate waiver” permitting an ambulance to “operate without a renewed license”

2) Staffing Waiver

- During the PHE may staff in accordance with a state or local law, regulation or waiver permitting alternative staffing to bill Medicare even if the staffing falls below Medicare's minimum ambulance staffing regulations

3) Providing Services Across State Lines is Covered

- During the PHE, may bill if providing services with staff members who are not licensed or certified to provide services in the state in which ambulance services are provided
- Allows an ambulance to be staffed with personnel that have “equivalent licensing or certification in another state” – as long as they are not excluded from practice in that state or any other state

The Future in a Post-COVID World



EMS Must Evolve...



It only took CMS

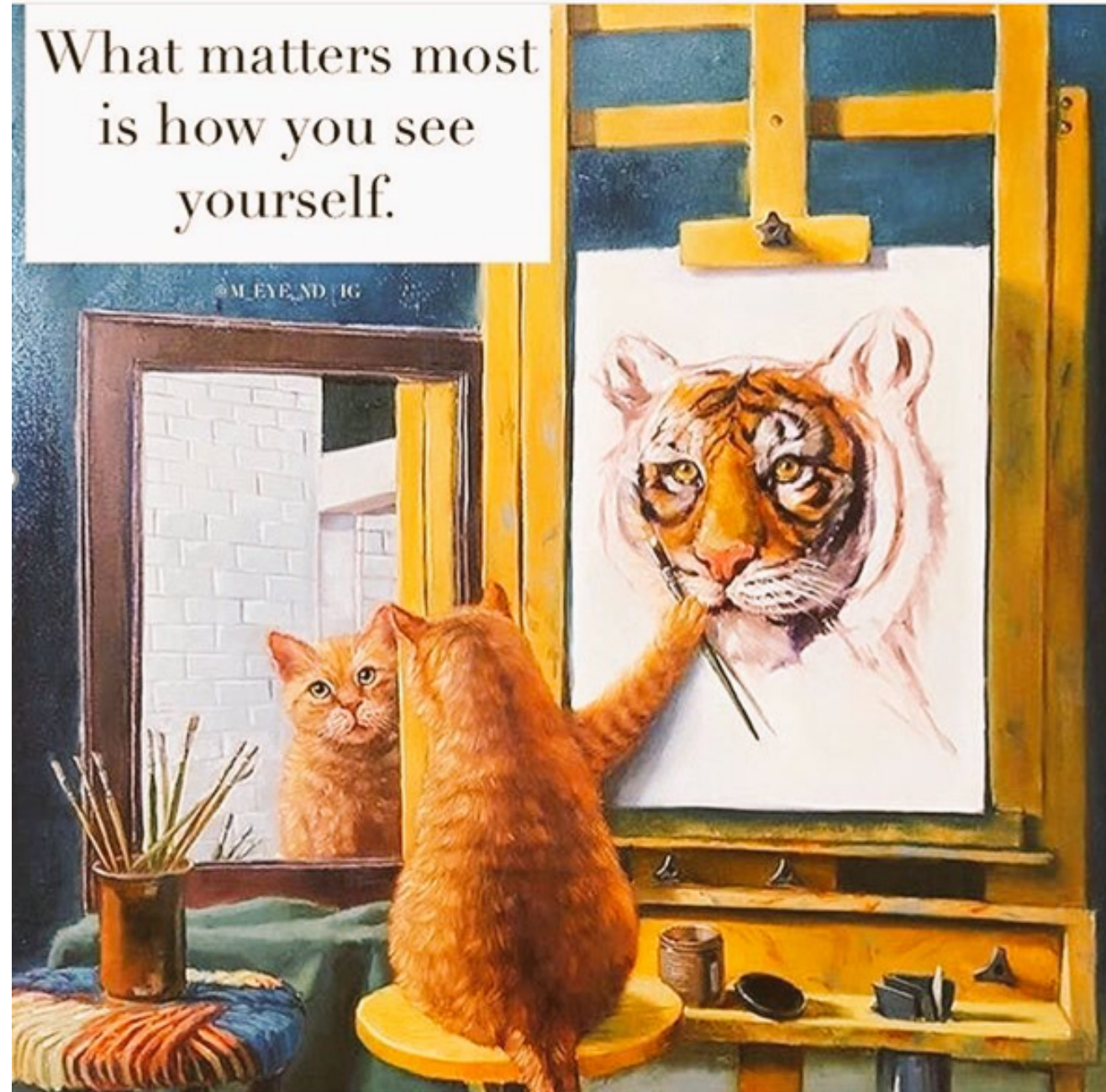
The Medicare Modernization Timer

52 : 6 : 15
years months days

to realize that this model doesn't
make sense!

July 30, 1965 – February 14, 2019

If we want others to see us as *more* than a “ride to the hospital,” then we must see ourselves that way...



The Last Piece...



Ambulance Cost Data Collection



To fully embrace new delivery and payment models, EMS agencies *must* understand their total cost structure

This is not optional

Thank YOU for All That You Do!



swirth@pwwemslaw.com

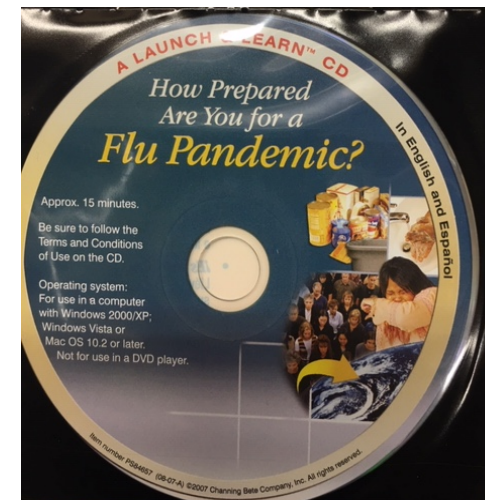
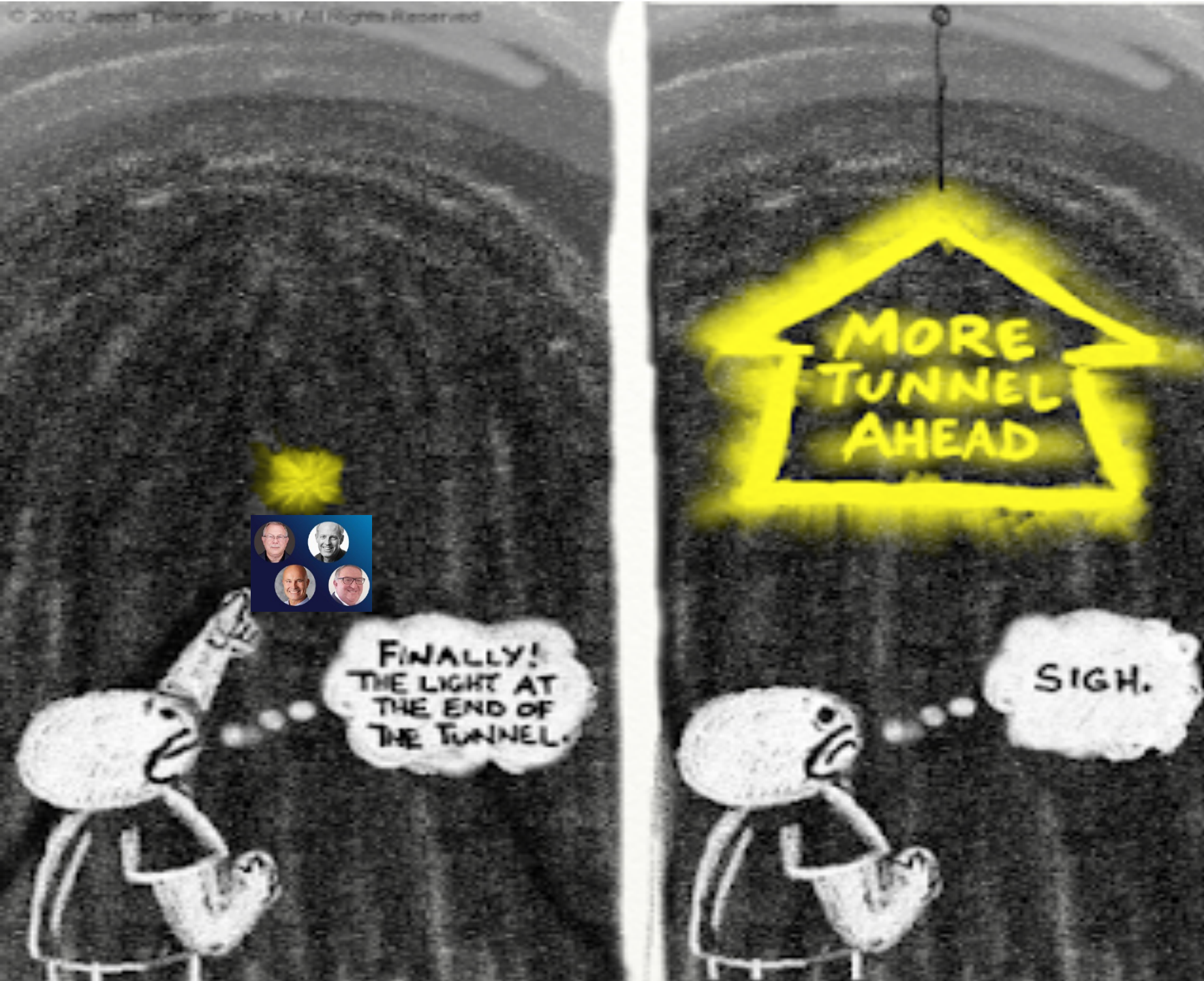
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717-620-2681

Dennis W. Rowe, EMT-P
Director of Government
and Industry Relations,
Priority Ambulance

Panelist





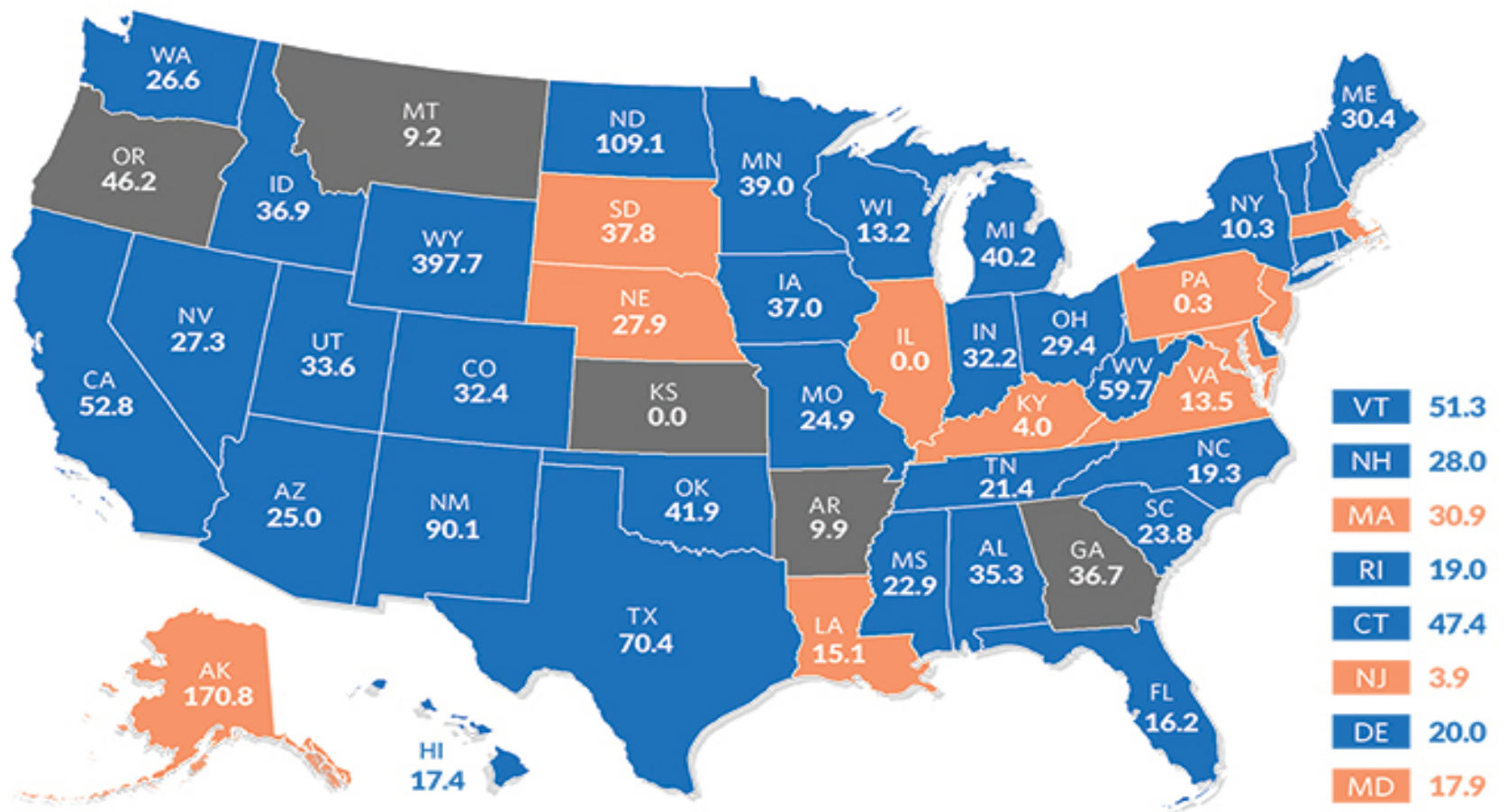
Circa 2007 BC
Before COVID 19

$$R - E = NI \text{ or } NL$$

$$\textit{Revenue} - \textit{Expenses} = \textit{Net Income/Net Loss}$$

34 States' Rainy Day Funds Surpass Pre-Recession Levels

Days each state could run on rainy day funds, FY 2019



■ More than in FY 2007 ■ Fewer than in FY 2007 ■ Incomplete data

27.9 50-state median

Source: Pew analysis of data from the National Association of State Budget Officers

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Subsidy Issues



MEDICAID \$



COUNTY/CITY \$



GRANTS \$



RESERVE FUND
DRAW DOWNS



MUNICIPAL
BOND RATINGS

- **Nevada had the highest unemployment rate in April, 28.2 percent, followed by Michigan, 22.7 percent, and Hawaii, 22.3 percent. The rates in 43 states set new series highs. (All state series begin in 1976.) The rates in Hawaii and Nevada exceeded their previous series highs by more than 10.0 percentage points each, while the rates in Michigan, New Hampshire, Rhode Island, and Vermont exceeded their previous highs by more than 5.0 points each.**
- **Connecticut had the lowest unemployment rate, 7.9 percent. The next lowest rates were in Minnesota and Nebraska, 8.1 percent and 8.3 percent, respectively. In total, 27 states and the District of Columbia had unemployment rates lower than the U.S. figure of 14.7 percent, 10 states had higher rates, and 13 states had rates that were not appreciably different from that of the nation.**

Unemployment

The Tale of the T states

- **Tennessee Unemployment Rate**

- As is the case in a couple of other states, Tennessee's biggest employer is the trade, transportation, and utilities sector.
- Mining, logging, and construction has seen the most job growth in the last few years.
- The service sector has accounted for more than 50% of GDP and the most new jobs in the Volunteer State.
- **Unemployment Historic High/Low:**
 - Historic High:** 14.7 (April 2020)
 - Historic Low:** 3.3 (Jan. 2020)

- **Texas Unemployment Rate**

- As is probably no surprise, the oil and gas extraction sector is responsible for the largest share of GDP in Texas. The Lone Star State is actually the biggest energy-producer in the country, and it even has its own power grid. Manufacturing employs far more people than the traditional energy industry, at approximately 917,800.
- **Unemployment Historic High/Low:**
 - Historic High:** 12.8 (April 2020)
 - Historic Low:** 3.4 (June 2019)

TransUnion Healthcare

- April Gallup Panel survey:
- 83% of consumers are moderately-to-very concerned about exposure to COVID-19 at a doctor's office or hospital.
- Outpatient visits have recovered though they were still down 31% during the week of May 10-16.
- Recovery for emergency department and inpatient is lagging
- Analysis of 500+ hospitals across the United States shows 20-40% declines in visit volumes between the weeks of March 1-7 and May 10-16 compared to pre-COVID-19 volume

TransUnion Healthcare, continued

- **One component of the CARES Act provided support for hospitals and health systems through more than \$100 billion in Medicare Advance Payments – which is a loan against future Medicare reimbursement.**
- **However, research shows patient volumes may not be restored to a level that can sustain operational and clinical functions and repay the loans later this year.**
- **Assessment and development of patient engagement and revenue recovery strategies will be imperative in the coming months. It is more important than ever to thoughtfully re-engage with patients and communicate actions health systems are taking to make sure patients feel confident and safe to seek care in hospital settings.**

Do You Know Your DSO?

What is the Formula for Days Sales Outstanding?

- To determine how many days it takes, on average, for a company's accounts receivable to be realized as cash, the following formula is used:
- **DSO = Accounts Receivables / Net Credit Sales X Number of Days**
- If the result is a low DSO, then it means that the business takes fewer days to collect the receivables. On the other hand, a high DSO entails that it takes more days to collect receivables.
- A high DSO may lead to cash flow problems in the long run. DSO is one of the three primary metrics used to calculate a company's cash conversion cycle.
- *Brian Choate, Solutions Group: DSO minimal Elevation...Currently*

DSO: Case Study

- Ambulance International reported sales revenue for the month of January 2020 amounting to \$2.5 million, out of which \$1.5 million are credit sales, and the remaining \$1 million is cash sales. The accounts receivable balance as of month-end closing is \$800,000.
 - $\$800,000 / \$1,500,000 \times 30 \text{ days} = 16 \text{ DSO}$

Given the above data, the DSO totaled 16, meaning it takes an average of 16 days before receivables are collected.

Generally, a DSO below 45 is considered low, but what qualifies as high or low also depends on the type of business. Also, cash sales are not included in the computation because they are considered as a zero DSO – representing no time waiting from the sale date to receipt of cash.

Deductibles and Balance Billing

High Deductible Plans Loss of Insurance

- Remaining uncovered after insurer has paid and/or applied to deductible.
- Private pay
 - loss of job,
 - Reduction of pay
 - reduction of hours below benefit threshold

Balance Billing

- Difference between how much is charged and amount insurance determined “usual and customary payment”
- Balance can range dramatically
- State, Congressional and or regulatory actions pending

Negative Synergistic Effect



Transport Volume



Transport Percentage

	Trans Vol %			Trans %
Annual Trans	% Volume	APC	Revenue	70%
12,000	100%	\$ 350.00	\$ 4,200,000.00	\$2,940,000.00
12,000	90%	\$ 350.00	\$ 3,780,000.00	\$2,646,000.00
12,000	80%	\$ 350.00	\$ 3,360,000.00	\$2,352,000.00
12,000	75%	\$ 350.00	\$ 3,150,000.00	\$2,205,000.00
12,000	70%	\$ 350.00	\$ 2,940,000.00	\$2,058,000.00
12,000	65%	\$ 350.00	\$ 2,730,000.00	\$1,911,000.00
12,000	60%	\$ 350.00	\$ 2,520,000.00	\$1,764,000.00
12,000	55%	\$ 350.00	\$ 2,310,000.00	\$1,617,000.00
12,000	50%	\$ 350.00	\$ 2,100,000.00	\$1,470,000.00

Revenue Impacts



APC Base Volume Revenue 70 % Transport



Matt Zavadsky, MS-HSA, NREMT
Chief Strategic Integration Officer,
MedStar Mobile Healthcare

Panelist

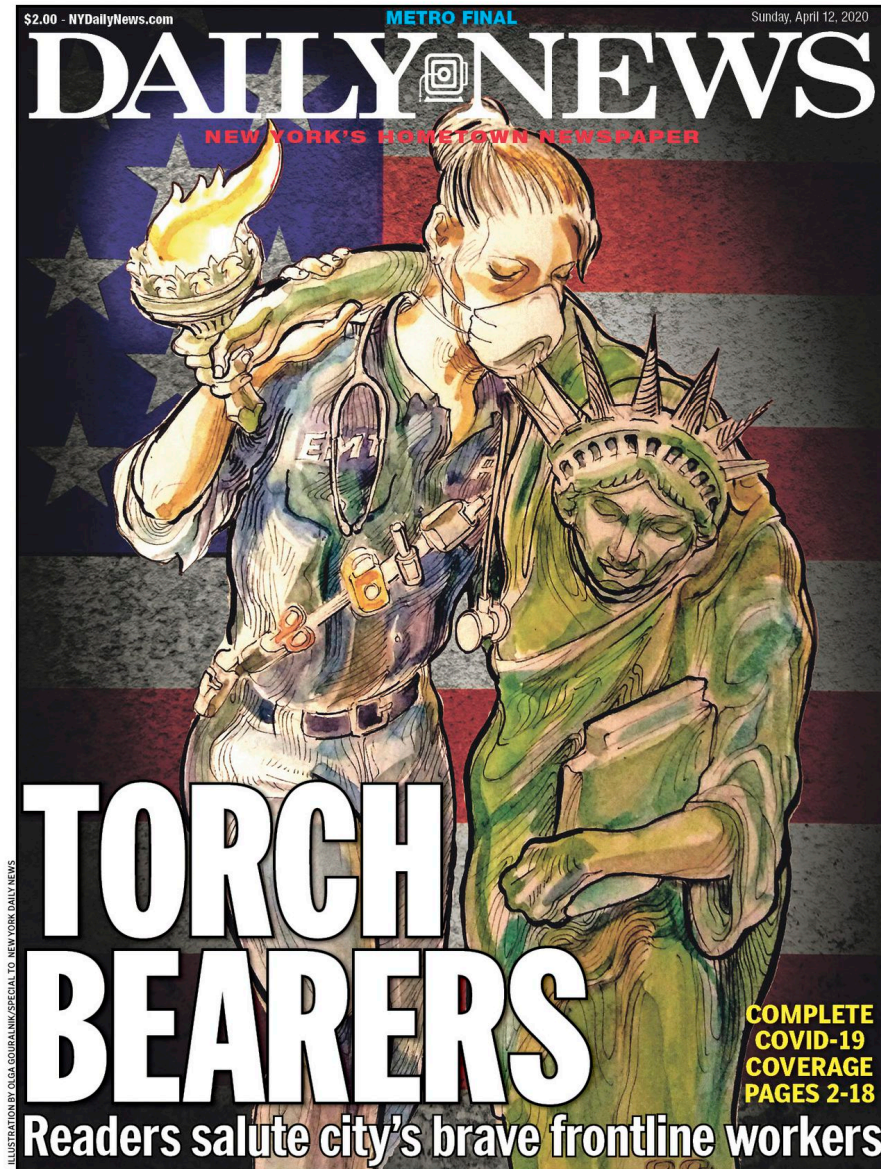


'After' the Pandemic

New Roles, New Economic Opportunities



ricardoreitmeyer - stock.adobe.com



On-Site Testing



In-Home Testing

Medical Directive # 2003005
FOR IMMEDIATE DISTRIBUTION
Date 03/26/2020



Medical Oversight for the MedStar System

Effective: 03/27/2020

Replaces Medical Directive #:

Subject: COVID-19 Pandemic - Nasopharyngeal Specimen Collection Procedure

Expiration:

Purpose: To outline the procedure for obtaining nasopharyngeal (NP) swab specimens for respiratory infection testing, to aid in the identification of SARS-CoV-2 (the COVID-19 virus). The quality of the specimen collection is critical, and the sensitivity of the test correlates directly with the correct collection of the specimen. This directive may be used by System-credentialed providers who are individually approved by OMD. This procedure may only be performed on patients at the specific request of TCPH or the Medical Director.

Materials: For respiratory viruses - universal transport media (UTM) with flexible or standard Minitip FLOCKED swab. Use this swab for any viral respiratory test (for example, influenza). Check the expiration date before use. Do NOT use bacterial flocked swabs.

In-Home Testing



CONTACT: Matt Zavadsky

Cell: (817) 991-4487

MZavadsky@medstar911.org

MedStar and Tarrant County Public Health Partner for In-Home COVID-19 Testing for Persons Under Investigation

Unique program will help persons under investigation for COVID-19 #stayhome and help #flattenthecurve

A unique partnership between MedStar and Tarrant County Public Health (TCPH) will send specially trained MedStar personnel into resident's homes who are being monitored for COVID-19, to complete a medical assessment and collect the sample needed for TCPH to conduct additional testing.

TCPH will provide MedStar with the test kits and a list of people who may require in-home testing.

TCPH will retain the responsibility of notifying the resident the results of the test.

The goal of the program is to prevent people who are under investigation for the COVID-19 virus from having to travel in public for further evaluation, unless they are seriously ill which may require medical attention.

MedStar is providing this service at no cost to TCPH.

SNF & Facility Assessments



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

Phil Wilson
Executive Commissioner

May 13, 2020

To All Licensed Nursing Facilities in Texas:

On May 11, 2020, Governor Greg Abbott directed that 100 percent of staff and residents in Texas nursing facilities be tested for SARS-CoV-2, the virus that causes COVID-19.

Nursing facilities licensed by the Texas Health and Human Services Commission (HHSC) will be contacted very soon by a testing team to schedule specimen collection. Facilities that are scheduled for testing will be given at least 24-hours-notice prior to the specimen collection process taking place. Administrators should make arrangements for off-duty staff to be present at the facility during the specimen collection. The Medical Director for the nursing facility will be the physician of record, or ordering physician, for the testing to ensure test results are sent directly to the facility.

The testing teams may consist of state and/or local government personnel, including first responders from your local fire department, or Texas Military Department. The testing teams will self-screen before entering the nursing facility. Testing teams will bring their own personal protective equipment and all supplies necessary to complete the testing. The teams are implementing the governor and White House's direction and are authorized to enter the nursing facility.

Alternate Destinations



Ambulances: CMS Flexibilities to Fight COVID-19

The Trump Administration is issuing an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. The goals of these actions are to 1) to ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); 2) remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expand its workforce; 3) increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; 4) expand in-place testing to allow for more testing at home or in community based settings; and 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

Alternate Destinations

CMS Hospital without Walls (Temporary Expansion Sites)

- During the Public Health Emergency (PHE) for the COVID-19 pandemic, we are temporarily expanding the list of allowable destinations for ambulance transports. During the COVID 19 PHE, ambulance transports may include any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished. These destinations may include, but are not limited to: any location that is an alternative site determined to be part of a hospital, CAH or SNF, community mental health centers, federally qualified health centers (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other location furnishing dialysis services outside of the ESRD facility, and the beneficiary's home.

Treat & Refer

Medical Directive # 2003004
FOR IMMEDIATE DISTRIBUTION
Date 03/24/2020



Medical Oversight for the MedStar System

Effective: 03/25/2020

Expiration:

Replaces Medical Directive #:

Subject: COVID-19 Pandemic – Non-transport and Referral

Purpose: The purpose of this directive is to provide guidance for evaluation, non-transport, and referral of low acuity patients with signs and symptoms consistent with COVID-19 during times of pandemic declaration within the jurisdiction of the Metropolitan Area EMS Authority (MAEMSA). This directive may be utilized by all Basic, Assist, and Advanced credentialed providers.

Treat & Refer

About Your EMS Call

3/20

You were evaluated by EMS personnel and determined to have symptoms consistent with a respiratory illness. You have reassuring vital signs and appear well today. A decision was made to not transport you by ambulance to the Emergency Department in an effort to prevent potential spread and possible further exposure of COVID-19. Our evaluation and determination to not transport are NOT considered to be a formal diagnosis of COVID-19, and our evaluation is not a substitute for formal medical evaluation by your healthcare provider. If appropriate, inform your doctor that EMS was called, and provide the information the EMS personnel recorded on this brochure.

Please review the information in this brochure. You will find contact information at the bottom for any further questions.

Date: ____/____/____ Time: _____

EMS Agency: _____

Response #: _____

EMS Assessment at the Time of Call:

RR: _____ HR: _____ BP: ____/____
Temp: _____ O2 SAT: _____



If you have any questions or comments regarding this brochure contact MedStar at 817-923-3700 or info@medstar911.org

Potential COVID-19
Related Illness



Home Care Instructions

Potential COVID-19
Related Illness

Potential COVID-19 Related Illness

If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Instructions after your EMS call*:

- **Stay home.** People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation.** Avoid using public transportation, ride-sharing, or taxis.

*If you develop **emergency warning signs** for COVID-19 get medical attention or call 9-1-1.*

Emergency warning signs include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

COVID-19 Evaluation & Testing Resources:

Baylor Health System: <https://my.bswhealth.com/>

Medical City Health: <https://medicalcityhealthcare.com/covid-19/>

Texas Health Resources: 682-236-7601

*Adapted from CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>



Actions You Should Take*:

- **Stay away from others:** As much as possible, you should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available.
- **Call ahead:** If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.
- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.
- **If needed, seek additional help by contacting your doctor or medical facility, or in an emergency, call 9-1-1.**

Additional Resources:

Tarrant County Public Health COVID-19 Hotline: 817-248-6299

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



Contact Tracing

Gillibrand, Bennet propose hiring thousands for new 'Health Force'

BY PETER SULLIVAN

4/22/20

Sens. [Kirsten Gillibrand](#) (D-N.Y.) and [Michael Bennet](#) (D-Colo.) on Wednesday announced *new legislation aimed at hiring hundreds of thousands of new public health workers into a "Health Force" modeled* after New Deal programs during the Great Depression.

The bill would provide \$55 billion per year to hire *hundreds of thousands of people* who would help carry out testing, contact tracing and eventually vaccinating to fight the coronavirus.

The push comes as overwhelmed local health departments are facing the need to hire thousands of health workers to do contact tracing, the process of finding people that have been in contact with infected individuals and informing them so they can quarantine themselves.



<https://thehill.com/policy/healthcare/494147-gillibrand-bennet-propose-hiring-thousands-for-new-health-force>

Convincing Payers



TEXAS
Health and Human
Services

Texas Health and Human Services Commission

April 15, 2020

Ms. Sarah Hicks
Budget & Policy Director
Office of the Governor
1100 San Jacinto, 4th Floor
Austin, Texas 78701

Mr. Jerry McGinty
Director
Legislative Budget Board
1501 North Congress Avenue, 5th Floor
Austin, Texas 78701

Re: Request for Approval to Temporarily Implement Emergency Rate Increases for Certain Providers in response to COVID-19 (HHSC-2020-A-630)

Dear Ms. Hicks and Mr. McGinty:

In compliance with the 2020-21 General Appropriations Act, House Bill (H.B.) 1, 86th Legislature, Regular Session, 2019 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 14), the Health and Human Services Commission (HHSC) is requesting approval to increase reimbursement rates for several providers and services to support access and safety during the emergency declaration related to COVID-19.

Fiscal Impact Summary

Medicaid Rate Actions Related to COVID-19

Topic	Supplies, Imaging, and Testing	Who this Impacts?	Why it is necessary?	What it Does?
	Total	This benefits certain physicians, laboratories, hospitals, and emergency medical services providers; who serve persons in all age groups and disability levels	This will increase reimbursement rates for certain procedure codes to the equivalent of Medicare in order to ensure access to certain laboratory and diagnostic testing related to diagnosing and treating COVID-19	Increases rates to 100% of Medicare; This includes the code of PPE for physicians.
GR	\$ 684,543			
FF	\$ 1,395,504			
AF	\$ 2,080,047			

Topic	Ambulance Treatment-in-Place	Who this Impacts?	Why it is necessary?	What it Does?
	Total	This benefits emergency medical services providers directly and hospital providers indirectly; who serve persons of all age groups and disability leveles	This will allow EMS providers to treat persons in place, for issues within the scope of practice of the EMS provider, and receive reimbursement without transporting to the hospital. This should reduce unnecessary ER visits.	Establishes rate at 100% of Medicare
GR	\$ 2,242,324			
FF	\$ 4,571,181			
AF	\$ 6,813,505			



National Association of Emergency Medical Technicians
Post Office Box 1400 * Clinton, Mississippi 39060-1400
Phone: 800-34-NAEMT or 601-924-7744 * Fax: 601-924-7325
Website: www.NAEMT.org

April 29, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy,

On behalf of the National Association of Emergency Medical Technicians ([NAEMT](http://www.NAEMT.org)), and our 75,000 members, please accept our deep appreciation for the efforts of Congress to respond to the COVID-19 pandemic. We applaud your efforts to secure the economic relief and stimulus that is sorely needed for families and communities, along with funding for those fighting this devastating virus in our hospitals and public health departments.

Our nation's EMS agencies are serving on the frontlines of the war on this pandemic. We have responded to all 9-1-1 calls for help from the millions of people across our country with coronavirus symptoms. Some of these patients require emergency transportation to a hospital. However, many of these patients are receiving a timely response and treatment from paramedics and EMTs but are not being transported to a hospital or other healthcare facility. Following appropriate guidelines established by the CDC, these patients are being treated in their homes. Doing so has enabled our hospitals and other healthcare facilities to focus on those patients who require the most intensive interventions. EMS agencies providing "treatment in place" are instrumental in preserving precious healthcare resources needed for the most severely ill patients, and have saved the healthcare system a great deal of money. Amazingly, however, CMS does not reimburse EMS agencies for this care.

We have asked the Secretary of Health and Human Services and the Administrator of the Centers for Medicare and Medicaid to reimburse EMS agencies for this care. They have indicated that while they understand our dilemma, reimbursing EMS for this care would be "difficult," specifically referencing the complexity of determining codes for the additional coverage benefit. The EMS community simply does not understand this response.



National Association of Emergency Medical Technicians
Post Office Box 1400 * Clinton, Mississippi 39060-1400
Phone: 800-34-NAEMT or 601-924-7744 * Fax: 601-924-7325
Website: www.NAEMT.org

Our nation's EMS agencies are serving on the frontlines of the war on this pandemic. We have responded to all 9-1-1 calls for help from the millions of people across our country with coronavirus symptoms. Some of these patients require emergency transportation to a hospital. However, many of these patients are receiving a timely response and treatment from paramedics and EMTs but are not being transported to a hospital or other healthcare facility. Following appropriate guidelines established by the CDC, these patients are being treated in their homes. Doing so has enabled our hospitals and other healthcare facilities to focus on those patients who require the most intensive interventions. EMS agencies providing “treatment in place” are instrumental in preserving precious healthcare resources needed for the most severely ill patients, and have saved the healthcare system a great deal of money. **Amazingly, however, CMS does not reimburse EMS agencies for this care.**

We have asked the Secretary of Health and Human Services and the Administrator of the Centers for Medicare and Medicaid to reimburse EMS agencies for this care. They have indicated that while they understand our dilemma, reimbursing EMS for this care would be “difficult,” specifically referencing the complexity of determining codes for the additional coverage benefit. The EMS community simply does not understand this response.

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April 20, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC. 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy,

On behalf of the National Association of Emergency Medical Technicians ([NAEMT](http://www.NAEMT.org)), please accept our deep appreciation for the efforts of Congress to respond to the COVID-19 pandemic.

We applaud your efforts to secure the economic relief and stimulus that is sorely needed for families and communities, along with funding for those fighting this devastating virus in our hospitals and public health departments. However, the needs of our EMS agencies and personnel serving on the frontlines of this pandemic war were not adequately addressed through the CARES Act.



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All EMS systems, whether they are public, private or a combination of both, are struggling. The additional burdens placed upon our EMS systems and personnel are challenging even for the strongest systems. We respectfully ask for your help to ensure that our EMS personnel may safely continue to serve our communities:

- Beginning immediately during this public health crisis, amend the Stafford Act to enable all 9-1-1- medical responders a one-time opportunity to apply directly to FEMA for Public Assistance program grants. This will allow all EMS agencies to apply for financial assistance and for state and local governments to focus their limited resources on directly combating the pandemic. We ask that the 25 percent match be waived during the pandemic response.
- Require CMS to reimburse all ground ambulance providers for performing protocol-driven treatments in place without transport during the COVID-19 pandemic response. This coverage will help limit the spread of COVID-19 by keeping patients with low acuity medical conditions at home and out of hospitals or other facilities to help preserve hospital capacity and avoid exposing additional people to COVID-19.
- Protect paramedics and EMTs by directing FEMA to provide them with higher priority access to PPE and COVID-19 testing. Paramedics and EMTs are too often not given priority access to PPE and testing even though they are frequently the first healthcare professionals to come into contact with COVID-19 patients. Please also include all EMS personnel in hazard pay and other compensation for essential workers.

First Responders Fear Being Left Behind in Coronavirus Relief

Emergency medical responders are running low on protective equipment, and worry it won't be replaced quickly enough.

By Gaby Galvin, Staff Writer

April 6, 2020



"We are an extension of the health care system, but we are not being treated by our governmental leaders as essential partners in this war," says *Matt Zavadsky, president of the National Association of Emergency Medical Technicians*, which represents about 72,000 EMTs and paramedics in the U.S.

That total does not include New York City, where about 20% of city firefighters are calling in sick every day, says *Gary Ludwig, the organization's president*.

"All of us share a worry that Congress and the public would understandably believe ... that the need of the people who are serving them was taken care of" when it hasn't been, says *Aarron Reinert, president of the American Ambulance Association*, which represents more than 550 ambulance services across the U.S.

<https://www.usnews.com/news/healthiest-communities/articles/2020-04-06/first-responders-fear-being-left-behind-in-coronavirus-relief>

What We Need To Do...

- **Prove that TIP and Alternate Destinations are safe**
 - Data from patients treated with this modality
- **Share outcomes (clinical & economic) with major payers**
 - Locally and nationally
- **Lobby for EMS to be Contact Tracers**
 - Logical and less expensive
 - Preserve workforce
- **Continue to collaborate**
 - Major associations working together



thank you!



The Question & Answer session
will begin momentarily.

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Question & Answer Session

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