



KEMSA Revenue Maximization Initiative Task Force
Tuesday July 19, 2016
Conference Call

In attendance: Brandon Beck (KEMSA President), Marvin VanBlaricon (KEMSA Vice President), David Adams (Hospital Based/Region 5), Brad Mason (MARCER Chairman), Dave Johnston (Sedgwick County/Region 3), Kristi Brown (American Medical Response), Deb Brown (Rural/Region 2), Con Olson (Private/Region 5), Melissa Wangemann (Kansas Association of Counties), Audrey Dunkel (Kansas Hospital Association), John Hultgren (KEMSA Administrators Society/Region 4), Rod Pace (Region 6/Air Ambulance), Grant Helferich (Billing), Mary Napier (KEMSA Chief Operating Officer), Jason White (MARCER Legislative Liaison) , Jon Hartford (Public Consulting Group), David Mead (Public Consulting Group), Shileah McDonald (Public Consulting Group)

Not in attendance: Micky Webb (City Manager), Shane Pearson (Kansas State Firefighters Association/Board of EMS), Brad Smith (Kansas State Association of Fire Chiefs), Kerry McCue (Region 1), Eric Voss (Region 4)

Brandon: Introduction of the project plan and timeline. Critical aspect is the survey which will provide the data to drive the modeling which will help define the options. PCG is the consulting firm hired and has background with both EMS programs as well as working in Kansas with current school clinic CPE program.

PCG staff introductions: Jon currently works with KDHE and the school program which includes 300 schools. David is the EMS lead working with the data and the survey tool to collect the data and Shileah is the program manager.

David (PCG): Presented the overview of the data collection process. Marvin asked about the amount of data being requested. Answer: PCG will be requesting two calendar years of data from ambulance services (2014-2015).

David (PCG): The process will be challenging for smaller providers. The task force will assist with reviewing the draft survey tool and will be needed to assist small services to complete the survey and thus provide the data needed to do accurate modeling. PCG will identify a process to respond to questions about the survey and expects to engage with Kansas ambulance services to maximize the survey response.

Dave Johnston asked about the potential for reimbursement for First Response services. Answer: There are no states currently getting federal dollars for such a program but the concept is being monitored and the survey will gather some data on First Response with a fire based ambulance



agency. PCG is aware that there is interest in exploring the potential of funding for First Response services.

Marvin asked a follow-up question on the First Response topic. Answer; PCG intends to collect data on the First Response issue which will be primarily on the expenditure aspect as there is no revenue produced by First Response presently.

David (PCG) reviewed the three primary options for revenue enhancement.

CPE- this is the simplest and most direct program. Currently used in Texas, California, and Massachusetts. The CPE is limited to public agencies. Once a year an agency submits a cost report and gets a lump sum payment. Cannot be used in managed care environment.

IGT- is used in states with Managed Care. (KS is 96% Managed Care). Funds are transferred from the local agency (ambulance service) to the state which gets federal match, which then uses funds to increase payments to providers through the Managed Care system. IGT is only for public providers (not private providers). Dave Johnston asked if agencies which contract with local governments can use IGT. Answer: California is approved to do such but the program in Texas is not. CMS decides this issue and more clarity will come downstream.

FRA- this is a tax on providers which is collected by the state which then seeks the federal match which is then used to increase provider payments. FRA is the only program that can be used by private providers. Best in a state with lots of private agencies. Oklahoma is presently exploring developing an FRA & Missouri presently has an FRA.

Brandon spoke of Phase I of this project which are the steps of creating a survey tool and collecting the data needed to model the three options.

Dave Johnston asked about:

- Medicaid Expansion: Answer – this program has nothing to do with that topic, has been around since 2006 in some states for EMS.
- When could we expect to get some increased funds? Answer: Too early to predict. A lot lies with the time it takes KDHE to get approval from CMS.
- Which of the three options might need legislation? Answer: FRA=Yes; IGT=NO; and CPE=Yes and No...depends on how it would be set up.

Rod asked about the ability of air ambulance to get funds. Answer: air ambulance is not automatically excluded. PCG will seek data from air ambulance and seek to do modeling of the potential while this issue becomes more clear. The effort in Oklahoma presently includes Air Ambulance. Not assured but the effort will be made to include everyone.



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Unity Is Strength

Brandon reported that the next meeting will be at the KEMSA Conference at the Kansas Star Event Center in Studio F on August 12th at 1:15 p.m. PCG will be in attendance at the KEMSA conference and will be attending the Billing Society pre-con workshop. Including the billing staff will be critical to make sure that PCG gets the complete data needed.

Notes are being taken of today's meeting and will be distributed to all of the task force members.

Brandon ended the meeting at 3:50 pm