

County Service Area (CSA) 3 Progress Report

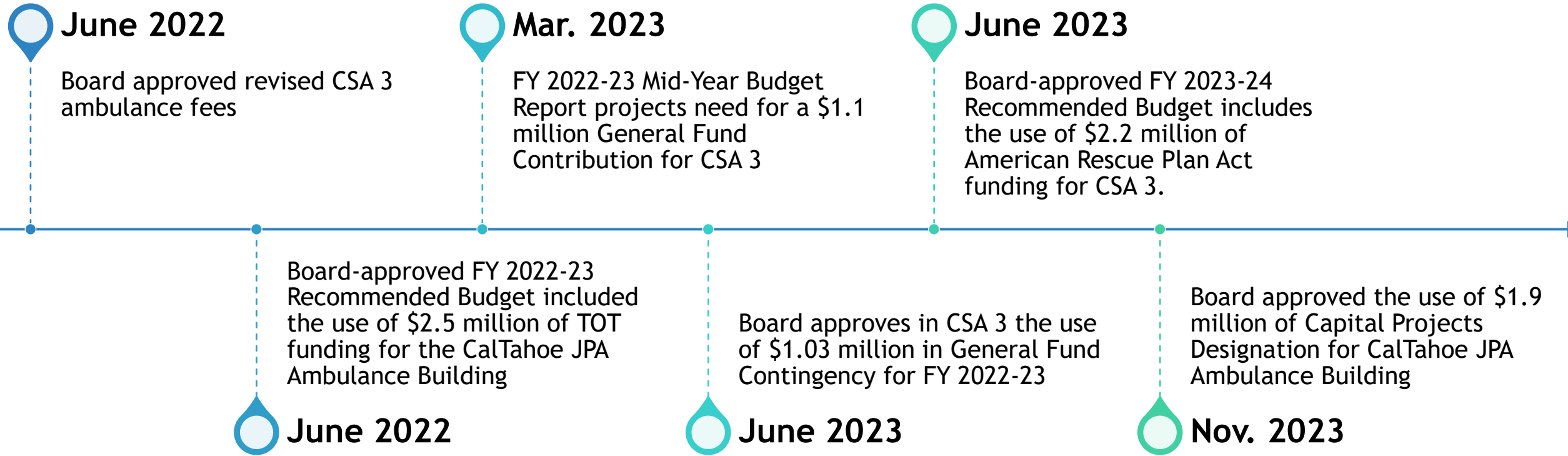
El Dorado County Board of Supervisors Meeting

December 12, 2023

Our EMS System

The EMS System provides our communities with prehospital medical care and transport services through the delivery of high level, life-saving critical care services in a prompt, competent and professional manner.

The EMS System is an essential public service that the County is required to provide.



Status of CSA 3

Multi-faceted Assessment of CSA 3 & Ambulance Services

- ▶ EMS System assessment of CSA 3
- ▶ Initial Assessment Findings
- ▶ Data and Trends of EMS System in CSA 3
- ▶ Next Steps

EMS Systems Assessment

- ▶ Currently, working with consultants to fully assess the EMS system from the local regulatory agency, the El Dorado County Emergency Medical Services Agency (LEMSA).
 - ▶ Call/Transport data
 - ▶ Trends
 - ▶ Recommendations
- ▶ County staff working with service providers (CalTahoe JPA in CSA 3 and EDC Emergency Services Authority in CSA 7), and networks to assess El Dorado County EMS system.

Initial Assessment Findings

Initial Assessment Findings

Data visibility
and utilization

Unique
Challenges to
CSA 3

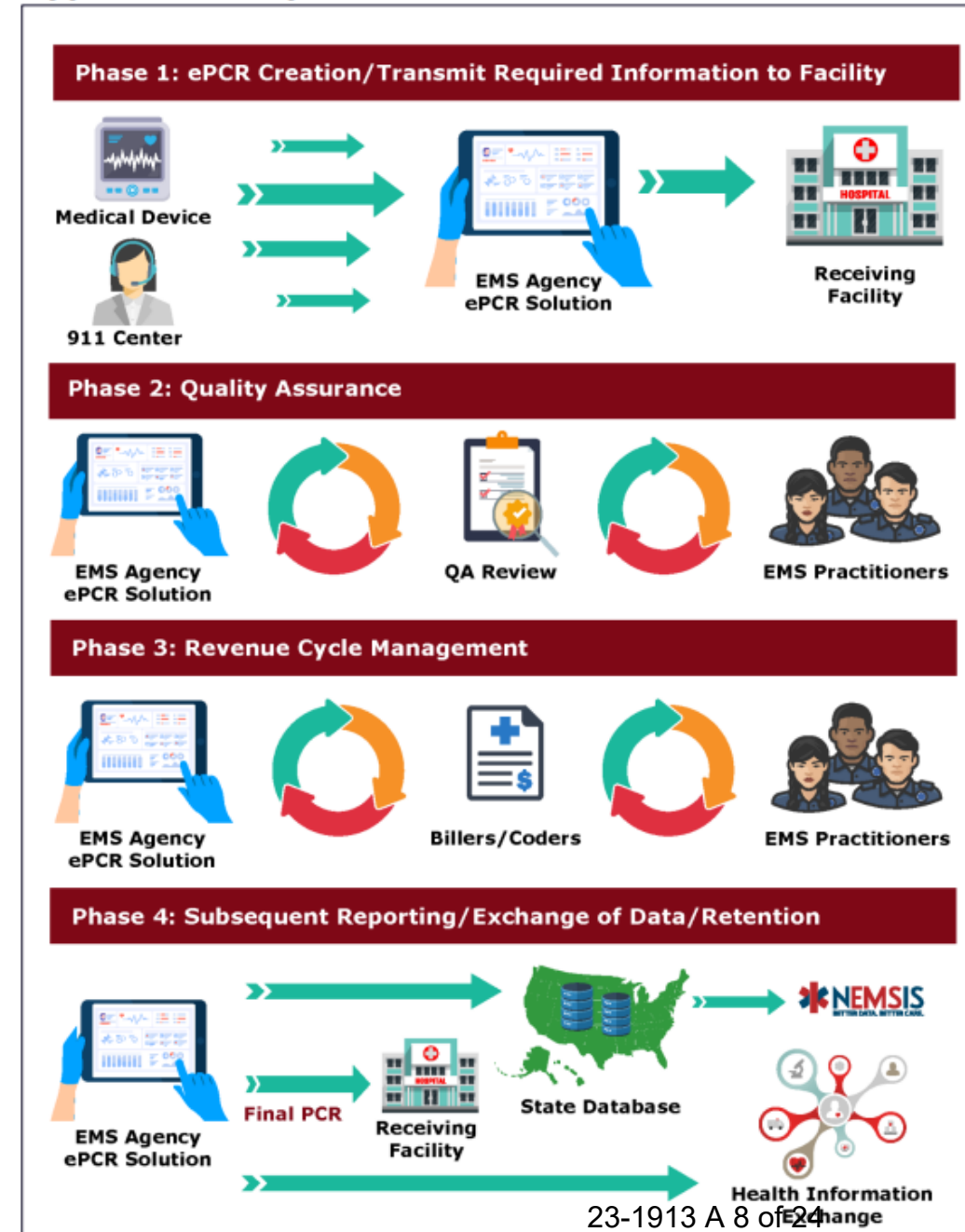
Reimbursements
are significantly
lower than
actual costs

Payer mix

Data Visibility and Utilization

- ▶ Invested in technology and systems that allow us increased visibility of information and data.
- ▶ Electronic Patient Care Reports (ePCR) serves multiple purposes:
 - ▶ Clinical Record
 - ▶ Data Driver for performance indicators and process improvements
 - ▶ Billing and Reimbursement
 - ▶ Compliance with all applicable contracts and local, state or federal laws.

Typical Life Cycle of ePCR Data



Unique Challenges in CSA 3

- ▶ Hybrid system of providing ambulance services
- ▶ Limited resources in the Basin
- ▶ Multiple recreation venues
- ▶ Tourist attraction, visited by uninsured, international tourists
- ▶ Retention challenges and costs
- ▶ Higher Ambulance Inflation Factor (AIF) than in previous years.
 - ▶ 2021 AIF 0.2%
 - ▶ 2022 AIF 5.1%
 - ▶ 2023 AIF 8.7%
 - ▶ 2024 AIF 2.6%

Reimbursements Significantly Lower than Actual Costs

- ▶ Implemented ambulance rate increases in CSA 3 in 2022.
 - ▶ Rate adjustments generally increase gross charges, very little realized in payments due to contracted rates from Medicare, Medi-Cal/Medicaid.
- ▶ To assist in addressing slow revenue growth:
 - ▶ CSA 3 required General Fund and American Rescue Plan Act contributions be made to CSA 3 operations.
 - ▶ Opted to participate in the California Department of Healthcare Services (DHCS) Public Provider - Ground Emergency Medical Transport Program (PP-GEMT) for increased reimbursement for eligible Medi-Cal transports.

Example Bill - 9-1-1 ALS1 Call with 7 Mile Transport to Hospital (Medicare)

**18.7%
Paid**

Base Rate (Resident) & Mileage

$$\$2517 + \$441 \text{ (mileage)} = \$2958$$

Ancillary Supplies

$$\$431 \text{ (supplies used)} = \$3389$$

Mandatory Contractual Write-Offs

$$-\$2765.08$$

Amount Paid by Medicare and co-insurance/Patient

$$\$3389 - \$2765.08 = \$632.92$$

Example Bill - 9-1-1 ALS1 Call with 1 Mile Transport to Hospital (Medi-Cal)

46.3%
Paid

Base Rate (Resident) & Mileage

$$\$2517 + \$63 \text{ (mileage)} = \$2580$$

Ancillary Supplies

$$\$484 \text{ (supplies used)} = \$3064$$

Mandatory Contractual Write-Offs

$$-\$2934.82$$

Amount Paid by Medicare and co-insurance/Patient

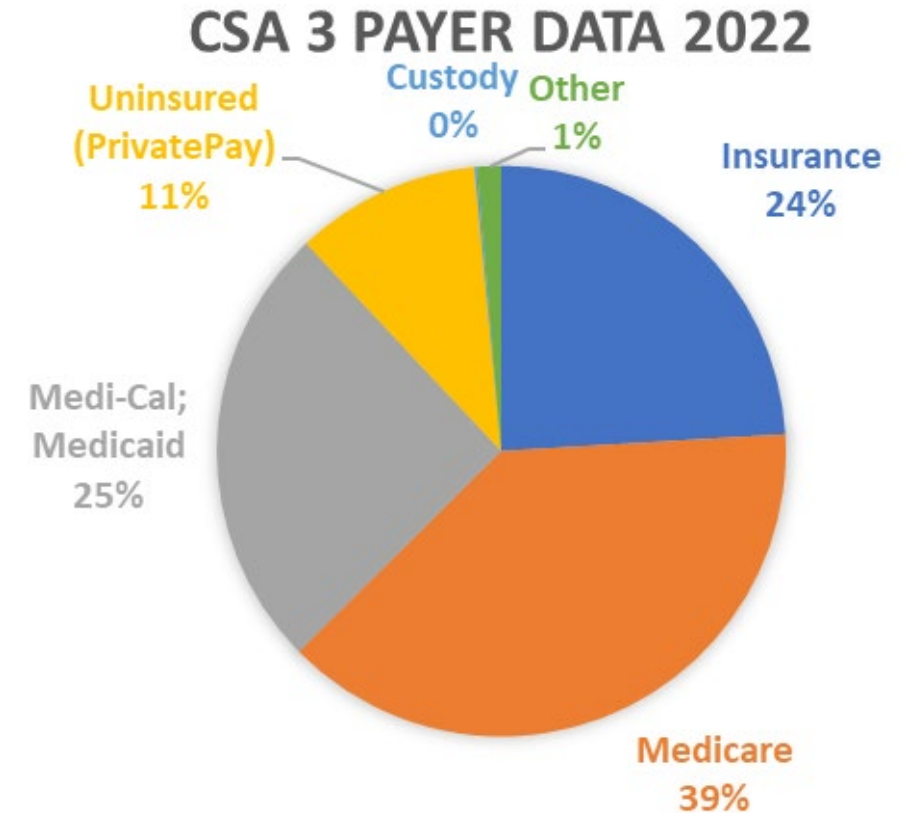
$$\$3064 - \$2934.82 = \$129.18$$

May be eligible for Add-On Payment (e.g., PP-GEMT)

$$\$1065 \text{ (PP-GEMT)} + \$129.18 = \$1194.18$$

Payer Mix

- ▶ Payer Mix is the percentage of claims that result from ambulance runs when billed to different main insurance payer groups (e.g., Medicare, Medi-Cal/Medicaid, insurance, private, etc.).
- ▶ The greater the proportion of Medicare, Medi-Cal or uninsured patients versus commercial insurance patients, the less revenue can be expected.
- ▶ Approximately 75% of the ambulance system users in CSA 3 are Medicare, Medi-Cal and uninsured payers.



Data and Trends

CSA 3 Call Volume (Calendar Years 2019-2022)

Year	Total 911 Medical Calls	Total Transports	# of 911 Medical Calls that Originated in the City of SLT	% of Calls that originated in the City of SLT
2020	2814	2037		
2021	2828	2083		
2022	2817	2106	2001	71%

*Data from ImageTrend and GIS. Includes Alpine runs; does NOT include North Tahoe (separate Dispatch system and contract)

CSA 3 Payer Mix (Calendar Year 2022)

Payer	# of trips	Gross Charges	Payments	Average Payment
Insurance	654	\$ 2,043,348.00	\$ 1,618,751.27	\$ 2,475.15
Medicare	1,048	\$ 3,315,244.20	\$ 564,343.42	\$ 538.50
Medi-Cal/ Medicaid	690	\$ 2,173,384.00	\$ 251,771.46	\$ 364.87
Private	286	\$ 833,398.00	\$ 61,432.80	\$ 214.80
Custody	4	\$ 9,081.00	\$ 1,083.26	\$ 270.82
Other	37	\$ 119,193.00	\$ 86,281.00	\$ 2,331.92
Total	2,719**	\$ 8,493,648.20	\$ 2,583,663.21	\$ 950.23

Collected
30.4% of
Gross
Charges

Data from Wittman Enterprises.

**May include "ALS treatment, no transport" (e.g. treated on scene and charged, transferred to CALSTAR, etc.)

**Would also include carryover calls from previous months.

CSA 3 Ambulance Rates

Current CSA 3 Ambulance Base Rates

Description	Rate
ALS*	\$ 2,517.00
ALS Non-Emergency (BLS)*	\$ 2,517.00

There are additional charges for mileage and supplies that accompany the base rates

*There is a non-resident surcharge in our rate schedule.

Ave. Payment by Payor July 2022 - June 2023

Payer	Average Payment
Insurance	\$ 2,584.21
Medicare	\$ 555.52
Medi-Cal	\$ 419.55
Private	\$ 200.67
Custody	\$ 0.00
Other	\$ 3,114.06
Total Average	\$ 1,007.65

Recommended Next Steps

Continued Evaluation of the Ambulance Billing Program

- ▶ In July, we temporarily reallocated Emergency Preparedness staff to the Ambulance Billing Program to conduct an internal review of the program.
 - ▶ Reviewed previous Ambulance Billing reports in addition to internal processes and procedures.
 - ▶ Identified gaps areas for improvement and better coordination with the field providers and Ambulance Billing contractor.
 - ▶ We have seen an immediate bump in revenue with the staffing increase and process modifications. We will continue to monitor this over time.
- ▶ We are working with our billing contractor to optimize billing revenues.

Ambulance Billing Program Improvements

- ▶ Dissecting the entire program and processes from the field to accounts receivable.
- ▶ Participating in ambulance billing education programs.
- ▶ Working with other parts of the LEMSA to ensure consistency and efficiencies between LEMSA regulations and optimal billing.
- ▶ Working collaboratively with the JPA and CSAs to ensure timely and accurate documentation and information from the field.
- ▶ We continue to identify areas of improvement and implementing processes to strengthen the ambulance billing program.

Contract Compliance

- ▶ The EMS Agency has a myriad of contracts.
- ▶ Engaged in vigorous contract monitoring and compliance, particularly with our contracts and providers that inform and touch ambulance billing.
- ▶ Seeking Board direction to begin discussions on a successor agreement with EDC Emergency Services Authority in CSA 7.

Monitoring Legislation and Implementing Required Changes

- ▶ AB 40 - This bill is to improve ambulance patient offload times (APOT) at hospitals. It also requires the EMSA to develop a public education campaign related to the use of the 911 service related to ambulances.
 - ▶ AB40 will limit "wall time" and free up paramedics/EMTs to be available to respond to situations where an ambulance could mean the difference between life and death.
 - ▶ We need the public to better understand the right time to call for an ambulance and when its more appropriate to contact another health service for assistance or advice. Encourages the public to call for an ambulance only in emergency situations and to use other health services for less urgent health needs.

Monitoring Legislation and Implementing Required Changes

- ▶ AB 716 - No Surprise Billing related to Ambulance Services
 - ▶ Effective January 1, 2024.
 - ▶ Requires insurance plans to pay the ambulance service rate set by local governing body when a contract is NOT present (e.g. commercial insurance plans, etc.)
 - ▶ A 12-month waiting period for any credit bureau reporting of ambulance debt.
 - ▶ California EMS Authority is required to publish statewide rates by County where established.
 - ▶ For uninsured patients, bills are capped at the Medi-Cal or Medicare fee-for-service amount, whichever is greater. This is the Medicare rate for El Dorado County.

Seeking Board Direction to

- ▶ Return to the Board to update ambulance rates to have consistent rates between east and west slope and have them submitted to EMSA by January 31, 2024.
- ▶ Develop a plan for the Fiscal Year 2024-25 Budget for CSA 3 to be presented to the Board before the Budget Hearing.
- ▶ Engage in discussions with CalTahoe JPA on cost savings measures.
- ▶ Begin discussions with the El Dorado County Emergency Services Authority on a successor agreement for prehospital advanced life support, ambulance, and dispatch services in County Service Area 7.
- ▶ Develop a process for an annual update of ambulance rates every January 1 beginning 2025.