

20220712-EMS-Financial-Health-Committee Minutes (draft)

Tuesday, July 12, 2022 9:43 AM

Meeting Subject: EMS Financial Health Committee Meeting - 7/12/2022

Meeting Date: 7/12/2022 10:00 AM

Location: <https://mainestate.zoom.us/j/89157735650>

Link to Outlook Item: [click here](#)

Invitation Message

Participants

Agenda

1. Call to order

- a. Joe called the meeting to order at 10:06 A.M.

2. Reading of the Maine EMS Mission Statement

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this Committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

3. Attendance

- [Davis, Darren W](#) (Meeting Organizer)
- [Joseph Kellner VP – Finance, Operations & Strategy](#) (Accepted in Outlook)
- [Andy Turcotte, Paramedic](#)
- [John Martel, MD, Ph.D](#)
- [Joseph Spicuzza](#)
- [Karynlee Harrington \(Karynlee.Harrington@maine.gov\)](#)
- [Katherine Pelletreau \(KPelletreau@MEAHP.com\)](#)
- [Kimberly.LaFauci@Cigna.com](#)
- [Kristine Ossenfort](#)
- [Michael Senecal](#)
- [Rob McGraw](#)
- [Robert Hillman](#)
- [Robert Russell III](#)
- [Scott Guillerault](#)
- [Shawn Esler](#)
- [Stephen Almquist](#)
- [Thomas W Bell \(Thomas.W.Bell@maine.gov\)](#)
- [Hurley, J Sam](#)
- [Okon, Jason A](#)

4. Prior Minutes

- a. Minutes for 20220614
 - a. Tabled due to the minutes not being distributed
- b. Motion to Table: Butch, Second by
- c. Seconded by Steven Almquist
- d. Vote - Unanimous of all present

- Andy Turcotte, Paramedic - Maine EMS Board
- John Martel, MD, Ph.D - Maine EMS Board
- Joseph Kellner VP – Finance, Operations & Strategy - Maine EMS Board
- Joseph Spicuzza - Not for profit Health Plan Excused
- Karynlee Harrington (Karynlee.Harrington@maine.gov)- Maine Health Data Organization (ex-officio)
- Katherine Pelletreau (KPelletreau@MEAHP.com) - MeAHP Representative
- Kimberly.LaFauci@Cigna.com - For Profit Health Plan Excused
- Kristine Ossenfort - For Profit Health Plan
- Michael Senecal - Rural non-municipal transporting ambulance service
- Rob McGraw - Rural municipal transporting ambulance service
- Robert Hillman - Not-For-Profit Health Plans Based in Maine, Community Health Options
- Robert Russell III - Maine Ambulance Association Representative
- Scott Guillerault - Non-Transporting Ambulance Service
- Shawn Esler - Non-Rural Municipal Transporting Ambulance
- Stephen Almquist - Non-Rural Non-Municipal Ambulance Service
- Thomas W Bell (Thomas.W.Bell@maine.gov) - Department of Professional and Financial Regulation, Bureau of
 - Cody Fenderson, Rick Petrie

5. Public Comment

- a. No comments offered

6. Modifications to the agenda

- a. Next meeting
 - a. Cost reporting (Need Sam to be present)
 - b. General reimbursement methodology post current expiration
 - i. Cliff in October

7. Old Business

- a. Continue discussion medical necessity
 - a. Standardizing toward the Medicare definition
 - i. The carriers did not review the materials.
 - ii. Robert opined on how it could be implemented

- b. Do we need to standardize this across all payers?
 - c. Do we think we shouldn't focus on this?
 - i. There was silence on both questions???
 - d. Joe's Proposal -
 - i. Standardize
 - 1) Match Medicare definitions for medical necessity and reasonableness
 - ii. Don't Standardize
 - 1) Carriers and providers can contract, or via prior authorization, authorize transport above and beyond what Medicare defines as medically necessary
 - iii. Thomas like this from a regulatory standpoint - a standard definition would be helpful.
- b. Continue discussion on prior authorization
- a. Include
 - i. Joe thinks we need to adopt an include/exclude criteria for Prior Authorizations
 - 1) Repetitive Pre-scheduled BLS transports need prior-authorizations? (3 or more times in 30 days)
 - 2) Any transport past the closest appropriate facility
 - 3) Elective (current facility could care for patient)
 - 4) Going to see a specialist
 - 5) ~~Transport when the patient will be remaining at the originating facility as inpatient (i.e. what MCR sees as a DRG covered)~~
 - 6) Subacute transport for diagnostic testing or therapeutic intervention when the patient is expected to return to the sending facility, and when that procedure is not available at the sending facility (generally pre-scheduled)
 - b. Don't Include
 - i. 911 emergencies to an ER
 - 1) We should standardize this so the folks operationalizing this in the hospital ER know how to do so.
 - 1) Primary 911 response
 - 2) Discharge from hospital/Er returning to patients origin if the transport is medically necessary
 - 3) Routine to closest appropriate SNF, LTCA, or Rehab assuming medical necessity is met
 - 4) Required transports when the care/resources are not available at the sending facility
 - 5) Acute transport for diagnostic testing when that procedure or t is not available at the sending facility and the patient is expected to return to the seeding facility

c. Community Paramedicine

i. A0998 CP Payment

1) Payors to take back and review

1) Treatment / No Transport (future conversation)

c. Non-transports

8. New Business

a. Meeting on the 26th is cancelled, next meeting will be August 9, 2022

9. Action Items

a. Darren - What resources needed for cost reporting

10. Next Meeting

a. Tuesday July 26, 2022 10:00 AM - 11:30 AM

b. <https://mainestate.zoom.us/j/89157735650>

11. Adjourn

Motion to adjourn by rob, second by Butch

Seconded

Adjourned at 11:25

Notes