Welcome
| AGENDA |
|------------------|------------------|
| **MEETING OBJECTIVES & OVERVIEW** | **C. Sha’Ron James**, Insurance Consumer Advocate |
| **OPERATIONAL LANDSCAPE:** LICENSING, FUNDING, TRAINING, AND DISPATCHING | **Chief Dan Azzariti**, Florida League of Cities  
**Chief Darrel Donatto**, Fire Chief of Palm Beach, FL  
**Chief Dave Dyal**, Fire Chief of Stuart, FL  
**Moderator: Jennifer Ferris**, Office of the Insurance Consumer Advocate |
| **PATIENT CARE PANEL:** EMERGENCY RESCUE SERVICES AND PATIENT QUALITY OF CARE | **Lecia Behenna**, Florida Hospital Association  
**Mac Kemp**, Florida Association of Counties  
**Dr. Kristin McCabe-Kline**, Florida College of Emergency Physicians  
**Moderator: Rich Robleto**, Office of Insurance Regulation |
| **BREAK** | |
| **EMT PRICING AND TRENDS IN FLORIDA** | **Robin Gelburd**, FAIR Health |
| **BILLING: PRICING AND COLLECTION METHODOLOGIES** | **Joe Scialdone**, Florida Ambulance Association |
| **NETWORK POLICIES AND REIMBURSEMENT MEASURES** | **David Pizzi**, Florida Blue |
| **PUBLIC COMMENT** | |
Florida Office of the Insurance Consumer Advocate: EMERGENCY MEDICAL TRANSPORTATION WORKING GROUP

Sha`Ron James
Insurance Consumer Advocate
Operational Landscape: Licensing, Funding, Training, and Dispatching
Chief Dan Azzariti, Florida League of Cities
Chief Darrel Donatto, Fire Chief of Palm Beach, FL
Chief Dave Dyal, Fire Chief of Stuart, FL

Moderator: Jennifer Ferris, Office of the Insurance Consumer Advocate
Operational Landscape
Licensing, Funding, Training, and Dispatching

- How are EMT services provided in Florida?
- How does public funding provide EMT services for citizens in Florida?
- What are the licensing requirements for EMT providers?
- What training is required to provide EMT services?
- What is the process for dispatch and response once a call is made?
Florida’s Licensed Primary 911 Response Agencies

- For-profit: 3%
- Non-profit: 97%
Number of Agencies by Type and Tax Status – 911 Only

- Non-profit:
  - Tribal: 1
  - Private, Non-Hospital: 5
  - Hospital: 152
  - Governmental, Non-Fire: 5
  - Fire Department: 0
  - Community, Non-Profit: 0

- For-profit:
  - Tribal: 0
  - Private, Non-Hospital: 0
  - Hospital: 0
  - Governmental, Non-Fire: 0
  - Fire Department: 0
  - Community, Non-Profit: 0
Percentage of Service Delivered by Agency – 911 Only

- Community, Non-Profit: 13.78%
- Government, Non-Fire: 5.61%
- Private, Non-Hospital: 0.51%
- Tribal: 2.55%
- Fire Department: 77.55%
- Hospital: 0.00%
Patient Care Panel:
Emergency Rescue Services and Patient Quality of Care
Florida Office of the Insurance Consumer Advocate: EMERGENCY MEDICAL TRANSPORTATION WORKING GROUP

Lecia Behenna, Florida Hospital Association
Mac Kemp, Florida Association of Counties
Dr. Kristin McCabe-Kline, Florida College of Emergency Physicians

Moderator: Rich Robleto, Office of Insurance Regulation
Break
EMT Pricing and Trends in Florida

Robin Gelburd, FAIR Health
An Overview of FAIR Health

Presentation to Florida Department of Financial Services

February 28, 2017
FAIR Health Mission

- **MISSION:** to bring clarity to healthcare costs and health insurance information
- **ACTION:** fulfills mission with robust data products, award-winning consumer tools and research platform
- **ORIGINS:** established as conflict-free, independent, national not-for-profit
- **IMPACT:** widespread impact on diverse stakeholder groups, including state leaders
The FAIR Health National Data Repository Today

>23B Procedures from 2002 to the Present from Medical and Dental Claims

>150M Covered Lives

493 Geozip Regions Reflecting Local Billing Patterns

- **Coverage**
  - All 50 states
  - District of Columbia
  - Puerto Rico
  - Guam
  - US Virgin Islands

- **60 contributors**
  - National and regional payors
  - Third-party administrators

- **Private insurance claims**
  - Fully-insured and self-insured/ERISA plans
  - Cover 75% of privately insured US population

- **Quality testing and control**
  - Data validated with expert-vetted tests for completeness, volume, accuracy, etc.
  - Recognized statistical “outlier” methodologies identify and exclude excessively high and low charges that would distort distribution of charges

Proprietary and Confidential
FAIR Health Database: Florida Claims

Number of Contributors (Payors/TPAs)

51

Total Claims in Database

| Claims (2015) | Approx. 104 million |
| Claims (2002 – Present) | Approx. 1.1 billion |

Geographic Divisions

| Geozips (Standard Benchmark Products) | 23 geozips |
| Geographic areas can be redefined for custom products |

By comparison, number of regions Medicare uses (GPCIs) | 3 regions |
Data Auditing and Validation Tools

- Basic Claim Metrics
- Geozip and State Maps of Services
- Data Error Information
- Data Population Statistics
- Potential Claim Issues
FAIR Health: Certified CMS Qualified Entity

- One of only four organizations across the country entitled to receive Parts A, B and D Medicare data for all 50 states
- Issue probing reports on key aspects of healthcare industry/provider performance
- Powerful synergies between our private claims data and Medicare collection of claims
Stakeholders We Serve

- Government
- Researchers/Universities
- Payors
- Employers
- Healthcare Systems/Facilities
- Healthcare Professionals
- Bill Review Companies
- Consumers
- Unions
- TPAs
- Auto Liability
- Benefits Planners
- Consultants
- Pharma
- Actuaries
- Brokers
- DME Companies
- Think Tanks
- Investment Analysts
- Litigation Support
- Medical Societies
- Trade Associations
- Workers’ Compensation
- Institutes/Foundations
- Healthcare Information Technology (HIT)
# Applied Uses of FAIR Health Data

<table>
<thead>
<tr>
<th>Management &amp; Operational Support</th>
<th>Fee Schedules &amp; Reimbursement</th>
<th>Public Health &amp; Consumer Engagement</th>
<th>Policy &amp; Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plan, Benefit and Provider Network Design</td>
<td>• Medicaid Reform</td>
<td>• Consumer Transparency Tools</td>
<td>• Health Economics and Policy Research</td>
</tr>
<tr>
<td>• HR/Benefits Administration</td>
<td>• In-/Out-of-Network Provider Fee Schedules</td>
<td>• Educational Materials</td>
<td>• Evaluate Legislative and Regulatory Action</td>
</tr>
<tr>
<td>• Premium Rate Review</td>
<td>• Balance Billing Negotiations with Providers</td>
<td>• Public Health/Education Campaigns</td>
<td>• Analyze Health and Cost Disparities</td>
</tr>
<tr>
<td>• ACO/Bundled Payment Modeling</td>
<td>• Dispute Resolution</td>
<td>• Support Open Enrollment</td>
<td>• Statutory Benchmark for State Programs</td>
</tr>
<tr>
<td>• Support Public/Private Exchanges</td>
<td>• Reference Pricing</td>
<td>• Advocacy Materials</td>
<td>• Epidemiologic Heat Maps</td>
</tr>
<tr>
<td>• Management of CDHPs/HSAs</td>
<td>• Auto Liability Fee Schedules</td>
<td>• Syndromic Surveillance</td>
<td>• Study Treatment Protocols</td>
</tr>
<tr>
<td>• Value “Add-Ons” for Plan Members</td>
<td>• Workers’ Compensation Fee Schedules</td>
<td>• Design Interventions</td>
<td></td>
</tr>
<tr>
<td>• Strategic Planning</td>
<td>• Medicare Gap Fill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Market Research</td>
<td></td>
<td></td>
<td></td>
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</tbody>
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- **Plan, Benefit and Provider Network Design**
  - HR/Benefits Administration
  - Premium Rate Review
  - ACO/Bundled Payment Modeling
  - Support Public/Private Exchanges
  - Management of CDHPs/HSAs
  - Value “Add-Ons” for Plan Members
  - Strategic Planning
  - Market Research

- **Fee Schedules & Reimbursement**
  - Medicaid Reform
  - In-/Out-of-Network Provider Fee Schedules
  - Balance Billing Negotiations with Providers
  - Dispute Resolution
  - Reference Pricing
  - Auto Liability Fee Schedules
  - Workers’ Compensation Fee Schedules
  - Medicare Gap Fill

- **Public Health & Consumer Engagement**
  - Consumer Transparency Tools
  - Educational Materials
  - Public Health/Education Campaigns
  - Support Open Enrollment
  - Advocacy Materials
  - Syndromic Surveillance
  - Design Interventions

- **Policy & Research**
  - Health Economics and Policy Research
  - Evaluate Legislative and Regulatory Action
  - Analyze Health and Cost Disparities
  - Statutory Benchmark for State Programs
  - Epidemiologic Heat Maps
  - Study Treatment Protocols
<table>
<thead>
<tr>
<th>State</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Alaska       | • Workers’ compensation fee schedule  
                • Out-of-network claims pricing under the state health insurance plan                                                                                                                         |
| Arizona      | • Dental claims reimbursement for disabled pediatric patients                                                                                                                                          |
| California   | • Emergency care for low-income patients                                                                                                                                                             |
| Connecticut  | • FAIR Health 80th percentile benchmark designated as UCR for emergency services                                                                                                                    |
| Georgia      | • Worked with the state to update and distribute their workers’ compensation fee schedule                                                                                                           |
| Kentucky     | • Data support workers’ compensation fee schedule                                                                                                                                                     |
| Mississippi  | • “Usual and customary” charges under workers’ compensation fee schedule are based on the FAIR Health 40th percentile                                                                                   |

<table>
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<tr>
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</table>
| New Jersey   | • Authorized personal injury protection (auto liability) reimbursement standard  
                • Department of Banking Insurance recognizes FAIR Health as consumer information source                                                                                                   |
| New York     | • Medical indemnity fund for birth-related neurological impairments  
                • Benchmark for consumer cost transparency and dispute resolution                                                                                                                             |
| North Dakota | • Data used to inform the state’s workers’ compensation fee schedule                                                                                                                                    |
| Pennsylvania | • “Usual and customary” standard in the workers’ compensation program is based on the FAIR Health 85th percentile                                                                                     |
| Wisconsin    | • Certified for use for workers’ compensation fees                                                                                                                                                     |
Numerous stakeholders in a variety of states considering legislation featuring FAIR Health

FAIR Health conducts webinars and telephone conferences and presents material responsive to requests to advance analysis of legislative initiatives

- Emphasize our:
  - Neutrality
  - Independence from all healthcare stakeholders
  - Data auditing and validation techniques
  - Breadth of data
  - Versatility of data
**Suite of Data Products**

<table>
<thead>
<tr>
<th>FAIR Health Data Products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FH NPIC® Database</strong></td>
</tr>
<tr>
<td>Medical/Surgical</td>
</tr>
<tr>
<td>Allowed Medical</td>
</tr>
<tr>
<td>Dental</td>
</tr>
<tr>
<td>Inpatient Facility</td>
</tr>
<tr>
<td>Outpatient Facility</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>HCPCS</td>
</tr>
<tr>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
</tr>
<tr>
<td>Medicare GapFill PLUS™</td>
</tr>
<tr>
<td><strong>FH Fee Estimator®</strong></td>
</tr>
<tr>
<td><strong>Episode of Care Platform</strong></td>
</tr>
<tr>
<td>Custom Data Analytics</td>
</tr>
<tr>
<td>Interactive Data Dashboards</td>
</tr>
<tr>
<td>Data Visualizations</td>
</tr>
</tbody>
</table>
Range of Benchmarks: Percentiles

- Data are arrayed by percentiles
- A percentile illustrates where a value falls in the distribution of values in the database
  - 80th percentile: represents the benchmark for charges at the point that 80% of standardized data are equal to or less than the benchmark value (and 20% are higher)
  - Standard products include percentiles from 50th to 95th
  - Percentiles from 5th to 50th also available

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency</th>
<th>Mean (Avg.)</th>
<th>Mode</th>
<th>Percentiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Outpatient Visit - 15 minutes</td>
<td>358,784</td>
<td>$96</td>
<td>$100</td>
<td>50   $93</td>
</tr>
</tbody>
</table>

Proprietary and Confidential
Usual, Customary and Reasonable (UCR) Charges

FAIR Health does not set UCR

- Commonly called: UCR, R&C, U&C, U&P, C&P and R&N
- In the past, these terms were applied to identify any data used to process claims
- UCR currently determined by:
  - Insurance policy language
  - Payor guidelines
  - State laws and regulations
  - Federal agencies and laws
Selected Uses for Policy and Research

- Transparent, local market benchmarks for out-of-network or non-covered supplies and services
- Validated, robust charge and utilization data for estimating costs or savings related to legislative proposals, research hypotheses and other needs
- Evaluation of policy interventions (e.g., use of a newly covered service, pre- and post-implementation)
- Heat mapping of disease outbreaks, utilization trends and more
- Assessment of impact of the ACA
- Review of geographic variation in utilization and charges
- Development of wide variety of healthcare market indices
National Coverage

Pregnant Women Get More Ultrasounds, Without Clear Medical Need

Experts say frequent fetal scans in low-risk pregnancies aren’t medically justified.

Two new data sets suggest youth sports, previously thought.

Findings announced Sunday at the American Academy of Ophthalmology (AAO) and American Optometric Association (AOA) annual meeting.

The startling rise in oral cancer in men, and what it says about our changing sexual habits.

61% increase from 2011 to 2015.

The greatest increases occurred in throat cancer and tongue cancer.

Ovarian cancer is on the rise, with better women’s lives.

Women’s lives are a new focus for the condition, increasing 3.5 times since 2005 to 2014, according to a new analysis.

The most dramatic increases were in throat cancer and tongue cancer, and the data show that deaths were

These new advances were not as consistent or greater than in previous studies, or in a recent study that found a slight increase in rates.
Local Coverage: Florida

Woman Shocked by Bill at Freestanding ER
Dec 14, 2016
If you'd like to get an idea of the average cost for medical care in your area and a description of a billing code, click here to visit fairhealthconsumer.org.

Type 2 Diabetes, Often Referred to as Adult-Onset Diabetes, Shows Marked Increase in Pediatric Population
Jan 13, 2017
Private health insurance claim lines with a type 2 diabetes diagnosis more than doubled in the pediatric population (ages 0 to 22 years) from 2011 to 2015, increasing 109 percent, according to data from FAIR Health, a national, independent, nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information. This finding, reported in the new FAIR Health white paper, Obesity and Type 2 Diabetes as Documented in Private Claims Data: Spotlight on This Growing Issue among the Nation's Youth, runs counter to the common appellation of "adult-onset diabetes" for type 2 diabetes.

Changing sexual habits may be responsible for startling rise in oral cancer in men
Oct 25, 2016
The startling numbers - published in a report on Tuesday by FAIR Health an independent nonprofit - are based on a database of more than 21 billion privately billed medical and dental claims. They illustrate both the cascading effect of human papillomavirus (HPV) in the United States and our changing sexual practices.
FAIR Health Analytic Reports

- July 2016
- September 2016
- January 2017

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Sampling of Publications

Health Care Price Transparency
Meaningful Price Information Is Difficult for Consumers to Obtain Prior to Receiving Care

Urgent Care Facilities: Geographic Variation in Utilization and Charges for Common Lab Tests, Office Visits, and Flu Vaccines

Proprietary and Confidential
FAIR Health data: choice of both parties to resolve disputes

- Facilitated settlement of suit involving disputed claim reimbursements in 38 states and Washington, DC
- 80th percentile benchmark agreed upon as a standard for “usual and customary” charge for five years
- Other cases settled in Oregon, Washington
• Basic Life Support Transportation
  o This is ground transportation and the provision of medically necessary supplies and services.
  o Typically, the ambulance is staffed by an individual who is qualified in accordance with state and local laws as an emergency medical technician (EMT) – basic.
    ▪ Basic life support provides techniques and skills included in an EMT basic training course to individuals as they are transported to the nearest hospital.
  o Emergency
    ▪ An emergency response is one that, at the time the ambulance provider is called, responds immediately.
    ▪ An immediate response is one in which the ambulance provider begins as quickly as possible to take the steps necessary to respond to the call.
    ▪ An emergency is a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical treatment could reasonably be expected to result in placing the patient’s health in serious jeopardy; impairment to bodily functions; or serious dysfunction to any bodily organ or part.
• Advanced Life Support Transportation
  o Level 1
    ▪ Advanced life support providers are defined as providers who are trained at the level of EMT – intermediate or a paramedic as defined by the National EMS Education and Practice Blueprint.
    ▪ Emergency
      • An ALS1 emergency response is considered one in which there is a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical treatment could reasonably be expected to result in placing the patient’s health in serious jeopardy; impairment to bodily functions; or serious dysfunction to any bodily organ or part.
  o Level 2
    ▪ This includes level 1 requirements plus the administration of three or more different medications and the provision of at least one of the following procedures:
      • Manual defibrillation/cardioversion
      • Endotracheal intubation
      • Central venous line
      • Cardiac pacing
      • Surgical airway
      • Intraosseous line
Florida Region Ambulance Amount Comparisons

- Value comparison across geozips for A0429, basic life support, emergency transport

<table>
<thead>
<tr>
<th>Geozip</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>Lakeside, Lake City, Live Oak</td>
</tr>
<tr>
<td>323</td>
<td>Tallahassee, Pensacola, Panama City</td>
</tr>
<tr>
<td>331</td>
<td>Miami</td>
</tr>
<tr>
<td>336</td>
<td>Tampa</td>
</tr>
<tr>
<td>346</td>
<td>Spring Hill, Palm Harbor</td>
</tr>
</tbody>
</table>
Florida Region Ambulance Amount Comparisons

- Value comparison across geozips for A0427, advanced life support, emergency transport, level 1

<table>
<thead>
<tr>
<th>Geozip</th>
<th>Geozip Name</th>
<th>Average Charge</th>
<th>80th Percentile</th>
<th>CMS Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>Lakeside, Lake City, Live Oak</td>
<td>$591</td>
<td>$827</td>
<td>$1,093</td>
</tr>
<tr>
<td>323</td>
<td>Tallahassee, Pensacola, Panama City</td>
<td>$650</td>
<td>$880</td>
<td>$783</td>
</tr>
<tr>
<td>331</td>
<td>Miami</td>
<td>$557</td>
<td>$437</td>
<td>$725</td>
</tr>
<tr>
<td>336</td>
<td>Tampa</td>
<td>$783</td>
<td>$416</td>
<td>$800</td>
</tr>
<tr>
<td>346</td>
<td>Spring Hill, Palm Harbor</td>
<td>$650</td>
<td>$562</td>
<td>$600</td>
</tr>
</tbody>
</table>
State Ambulance Amount Comparisons

Basic Life Support, Emergency Transport

- Value comparison across states for A0429, basic life support, emergency transport

<table>
<thead>
<tr>
<th>State</th>
<th>Average Charge</th>
<th>CMS Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida</td>
<td>$557</td>
<td>$350</td>
</tr>
<tr>
<td>Georgia</td>
<td>$824</td>
<td>$362</td>
</tr>
<tr>
<td>New York</td>
<td>$752</td>
<td>$403</td>
</tr>
<tr>
<td>Texas</td>
<td>$930</td>
<td>$363</td>
</tr>
</tbody>
</table>

Proprietary and Confidential
State Ambulance Amount Comparisons

Advanced Life Support, Emergency Transport, Level 1

- Value comparison across states for A0427, advanced life support, emergency transport, level 1
FAIR Health Value Proposition

- Largest private claims collection in the country – a national APCD
- Independent, mission-driven nonprofit
- Conflict-free, unaffiliated with any stakeholder
- Uncompensated, diverse and expert board of directors
- Robust network of independent advisory committees
- CMS Qualified Entity
- Award-winning consumer platform
- Physical custody of the claims
- Data access to all stakeholders
- All operations performed by expert in-house staff
- Codified in statutes; cited in regulations; referenced in official policy memoranda
- Successful business plan for sustained economic self-sufficiency

Proprietary and Confidential
Thank You

Robin Gelburd, President
212-370-0704 | rgelburd@fairhealth.org

Michelle Scott, General Counsel
212-257-2351 | mscott@fairhealth.org

For more information, visit:
• fairhealth.org
• fairhealthconsumer.org / consumidor.fairhealth.org
• feeestimator.org
• Mobile App: FH® Cost Lookup / FH® CCSalud

Proprietary and Confidential
Appendix
## Regional Comparisons

### Geozip 320 – Lakeside, Lake City, Live Oak

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Description</th>
<th>Number of Lines</th>
<th>Average Charge</th>
<th>Mode Charge</th>
<th>CMS Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0422</td>
<td>Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1</td>
<td>288</td>
<td>$595</td>
<td>$750</td>
<td>$263</td>
</tr>
<tr>
<td>A0427</td>
<td>Ambulance service, advanced life support, emergency transport, level 1</td>
<td>2,017</td>
<td>$591</td>
<td>$500</td>
<td>$416</td>
</tr>
<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, non-emergency transport</td>
<td>638</td>
<td>$501</td>
<td>$700</td>
<td>$219</td>
</tr>
<tr>
<td>A0429</td>
<td>Ambulance service, basic life support, emergency transport</td>
<td>525</td>
<td>$463</td>
<td>$400</td>
<td>$350</td>
</tr>
<tr>
<td>A0433</td>
<td>Advanced life support, level 2</td>
<td>62</td>
<td>$682</td>
<td>$600</td>
<td>$602</td>
</tr>
<tr>
<td>A0434</td>
<td>Specialty care transport</td>
<td>16</td>
<td>$875</td>
<td>$900</td>
<td>$711</td>
</tr>
</tbody>
</table>

### Geozip 323 – Tallahassee, Pensacola, Panama City

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Description</th>
<th>Number of Lines</th>
<th>Average Charge</th>
<th>Mode Charge</th>
<th>CMS Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0225</td>
<td>Ambulance service, neonatal transport, base rate, emergency transport, one way</td>
<td>276</td>
<td>$51</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>A0422</td>
<td>Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</td>
<td>136</td>
<td>$687</td>
<td>$800</td>
<td>$263</td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1</td>
<td>2,658</td>
<td>$827</td>
<td>$625</td>
<td>$416</td>
</tr>
<tr>
<td>A0427</td>
<td>Ambulance service, advanced life support, emergency transport, level 1</td>
<td>260</td>
<td>$634</td>
<td>$800</td>
<td>$219</td>
</tr>
<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, non-emergency transport</td>
<td>680</td>
<td>$655</td>
<td>$525</td>
<td>$350</td>
</tr>
<tr>
<td>A0429</td>
<td>Ambulance service, basic life support, emergency transport</td>
<td>69</td>
<td>$898</td>
<td>$800</td>
<td>$602</td>
</tr>
<tr>
<td>A0433</td>
<td>Advanced life support, level 2</td>
<td>30</td>
<td>$1,207</td>
<td>$1,591</td>
<td>$711</td>
</tr>
</tbody>
</table>
### Regional Comparisons

#### Geozip 331 - Miami

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Description</th>
<th>Number of Lines</th>
<th>Average Charge</th>
<th>Mode Charge</th>
<th>CMS Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0422</td>
<td>Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</td>
<td>335</td>
<td>$31</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1</td>
<td>339</td>
<td>$414</td>
<td>$380</td>
<td>$276</td>
</tr>
<tr>
<td>A0427</td>
<td>Ambulance service, advanced life support, emergency transport, level 1</td>
<td>4,215</td>
<td>$783</td>
<td>$850</td>
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#### Geozip 336 – Tampa

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<tr>
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<tbody>
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## Regional Comparisons

### Geozip 346 – Spring Hill, Palm Harbor

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## Florida

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## Georgia

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## State Comparisons

### New York

<table>
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<th>Proc Code</th>
<th>Description</th>
<th>Number of Lines</th>
<th>Average Charge</th>
<th>Mode Charge</th>
<th>CMS Value</th>
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</thead>
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### Texas

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<th>Description</th>
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</table>
Ground ambulance services vary by area, and the FAA has Governmental & Private Providers.

Typical 911 ambulance response may include: Fire Engine, EMS Ambulance & Supervisor.

Base Rates determined by level of service: BLS–NE, BLS–E, ALS1–NE, ALS1–E, ALS2, SCT

Over 20% of 911 calls end in Treatment & No Transport of the Patient … and NO payment.
Ground Ambulance Providers licensed by Dept. of Health, Bureau of Emergency Medical Oversight; Criteria set forth FL DOH rules 101.25 & 64J-1.

- Staffing is normally EMT and Paramedic.
- Providers require a (COPCN) Certificate of Public Convenience & Necessity. MUST provide service.
- Operates under a medical director’s protocols.
- Wheelchair and Stretcher Vans are not regulated.
Cost and Pricing of Services

- Due to the COPCN requirement, Provider’s Fee Schedule are approved by County/Municipality.

- Fees should be manageable to the Uninsured, and each payer should be billed the same.

- Provider’s Usual and Customary Charges (UCC) has morphed into Insurance Company’s Usual, Customary and Reasonable rates (UCR).
How ambulance services are paid

- Request for payment of services are adjudicated per the PT’s Health Plan which may have Co-Pay/Deductible/Cost Share.

- FL Dept. of Financial Services has prompt pay guidelines (electronic→20 days; paper→40.)

- Non-Insured PT collections percentage is low.
Ambulance Service Payments

Category of Payers
Medicare  Medicaid  Commercial
Facility  PT Pay  Subsidy

Charges should be applied to all PTs equally regardless of the payment source.

Provider Payment Amounts:
Contracted – Fee Schedule
NonContracted – Determined by PT’s Health Plan
Medicare is NOT the standard

- Medicare Part B Fee Schedule (Attachment A)
  - Medicare pays base rate and mileage; and there is no payment for incidentals (EKG, IV, Drugs, etc.)
  - GAO Studies in 2007 and 2010 both conclude that Medicare reimbursement is below cost.
  - ALL fees get a 2% reduction, due to the Sequestration requirement for each Medicare Provider. (2011–2023)
Public Perception Issues

- Benefits are not what they should be.
  - Reality is that Insurance Plans have various benefit.
  - Benefit of an insurance plan determined at purchase.

- I pay my taxes, this should be a free service.
  - Most County General Tax Funds go to providing required benefits available to all residents.
  - We are Fee For Service providers.
  - Many systems receive no governmental subsidy.

- Not fair to bill in excess of insurance payment.
  - While some Plans pay at 100%, your plan does not.
Typically defined as the amount a Provider charges that is in excess of what the PT’s Plan pays, up to their Usual Customary Charges.

Depends on Contracted “In Network” and if the provider accepts assignment on the claim.

Accept Assignment is Yes:
1. Provider agrees to take PT’s Insurance Plan Fee Schedule amount as payment in full (less co-pays.)
2. Insurer sends check directly to the Provider.
Cumulative Increases in Health Insurance Premiums, General Annual Deductibles, and Workers’ Earnings, 2006-2015

NOTE: Average general annual deductible is among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

Problems from a Provider Standpoint

- Delay in payment Commercial Insurance Processing of Medicare / Medicaid claims:
  - Medicare Advantage process claims per the Medicare Payment Manual without limits to Co-Pay. (initially $50 per transport, now $350 per transport.)
  - FL Medicaid MMA Plans use a Non-Emergency Transportation Service Broker which has created a substantial delay to reimbursement.

- Patient understanding their health plan.
Contact Information

Joe Scialdone, 850–471–6507
JAScialdone@MyEscambia.com

Legal Advocate
Dean–Mead, Cari Roth, 850–270–5516
Network Policies and Reimbursement Measures

David Pizzi, Florida Blue
Ground Transportation by Ambulance

David A. Pizzi, RN, MPA
Director, Political and External Relations
Governmental & Legislative Relations
Networks

1. Emergency

2. Non-Emergency
Networks: Emergency

Simple:

- Little / no competition
- Little / no network “build”
- 1-3 providers in most counties
Networks: **Non-Emergency**

**Simple:**

- Little / no competition
- Little / no network “build”
- 1-3 providers in most counties
Reimbursement:

Emergency & Non-Emergency

Simple:

- Very little competition = monopolistic “feel”
- Charge for services
- Insurers pay allowable amount
- Balance-billing of our members

High cost of billed charges incentives our interest in contracting
Questions?
Florida Office of the Insurance Consumer Advocate:
EMERGENCY MEDICAL TRANSPORTATION WORKING GROUP

Roundtable Discussion
Florida Office of the Insurance Consumer Advocate:
Emergency Medical Transportation Working Group

Closing Remarks