

# Stakeholder Engagement Group

*A NH Ground Ambulance Cost Study And The Development of an Illustrative, Cost-Based Reimbursement Rate Schedule For Ground Ambulance Services*

*September 5, 2024*

# Overview Topics:



PURPOSE & GOAL OF  
THE STUDY



TIMELINE AND NEXT  
STEPS



RATE SETTING PROCESS  
AND TEAM EXPERTISE



RESOURCES, &  
CONTACT INFORMATION

# What is the Stakeholder Engagement Group:

- Diverse group of interested parties
- Invited to join because of deep interest and concern about EMS service provision and financial pressures in New Hampshire
- Part of prior Summit Meetings
- Invested in legislative mandate
- Vested interest in outcome, powerful voice within your peer groups



# Purpose of the Stakeholder Engagement Group:

- Purpose is to keep informed on where we are with this project, goals, status and impacts
- Provide tangible updates and next steps
- Ensure important parties are in the know



# What is the purpose of the Study:

The Ground Ambulance Cost and Rate Setting Study is designed to gather detailed information on the financial landscape of ground ambulance services in New Hampshire. The study will:

- Assess Costs
- Evaluate Paid Claims
- Develop a Rate Schedule
- Support Legislation



# Legislative Mandate for this Study:

In accordance with [Senate Bill 407](#), a law that was passed by the New Hampshire legislature this spring, the primary goal of this study is to accurately assess the financial landscape of Licensed EMS Units in New Hampshire. The data collected will be used to develop a fair and sustainable reimbursement model that reflects the true costs of providing these essential services.

This will done by developing a rate schedule based off the data collected from Licensed EMS Units and Town Managers

# Public Consulting Group Team:



PCG is committed to developing practical solutions to help Fire, EMS, and Public Safety providers improve operational and financial performance, achieve and maintain compliance, and deliver high quality services.



Our experience providing a full array of revenue optimization, supplemental payment program, cost reporting, rate setting, and cost allocation services to local and state governments, fire departments, and ambulance service providers.



Lewis & Ellis, LLC to bring over 25+ years of actuarial experience. Specializing in actuarial expertise and consultation, L&E has assisted over 50 governmental agencies in over 46 states encompassing a broad range of analytical services.

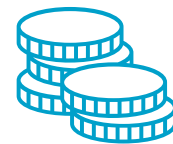
**36 Years of Experience**



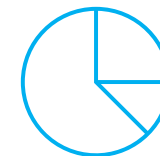
**200+ Active GADCS Contracts, Working with providers since 2020**



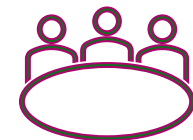
**Rate Setting Expertise**



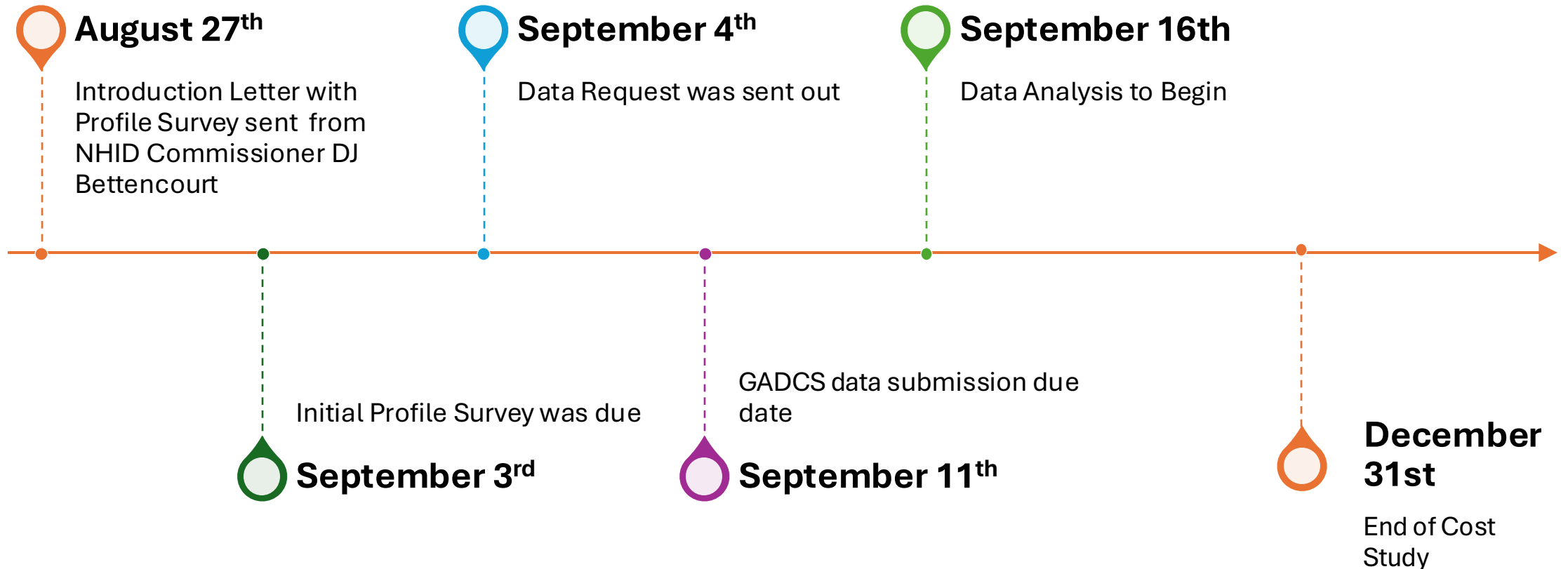
**Actuarial Knowledge and Partnerships**



**Dedicated EMS Team**



# Timeline:





# Profile Survey Process

**Who was the initial profile sent to?** – All Licensed EMS Units in the State of New Hampshire

**How we selected the Licensed EMS Units that will submit data?** – Respondents that indicated they have completed the Medicare GADCS will be followed up with. We will ask them to provide their GADCS, or instruct how to obtain from CMS

**How are we achieving a representative sample that will be accurate and appropriate from an actuarial perspective?** – We asked the following questions/reviewed information to ensure all types and sizes of provider are included:

- Number of Transports (Size)
- Organization Name
- Organization National Provider Identification (NPI)

We cross matched organizational information against type of organization to include Public, Private, Fire, Volunteer, Hospital-based, Large, Medium and Small

# Selecting a Representative Sample

**170 Licensed EMS Units Received the Profile Survey. Of those 170 we received the following number of responses**

- 116 (68%)
- 73 of the 116 (63%) completed a Medicare GADCS
- Those 73 encompass all sizes broken out as follows:

# of Transports (Size)	# of Respondents
< 100	5
101-1,000	34
1,001 – 3,000	20
3,001 -7,500	6
> 7,500	8

- These 73 include all organizational types including:
  - Hospital Based
  - Public
  - Private
  - EMS Only
  - EMS with Fire

**Additional follow up to non-respondents could increase this number and the representative sample**

*These 73 offer a representative sample based on hitting all the different sizes and types.*

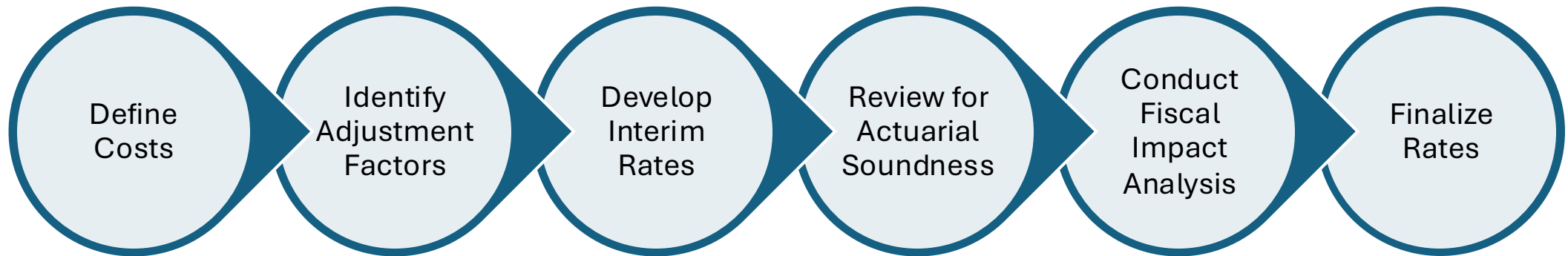
# Additional Project Updates

Received relevant Claims Data  
from NHHP

Hosted two Focus Group calls  
on 8/29 with Licensed EMS Units

Two more Focus Group calls on  
9/9/24

# Rate Setting Process



# Cost Center Definitions

List	Center	Description
1	<b>Direct Service</b>	These costs relate to direct EMS care. These costs include clinical staff and supplies used in the provision of face-to-face visits. Direct EMS Service cost is inclusive of both personnel cost such as clinician salaries and benefits and non-personnel cost such as technology used in the provision of a direct service
2	<b>Direct Support</b>	Direct Support activities might include supervision, planning and coordination, administration and clerical support but <b>does not include direct provision of care to beneficiaries</b> . Direct Support activities are broadly defined as any activity that is essential to the delivery of a direct service but does not meet the definition of billable direct time. Cost associated with staff supporting the provision of direct care. Direct support is inclusive of personnel cost only and includes staff that are focused on a particular service <b>but do not conduct direct billable activities</b> .
3	<b>Overhead</b>	The EMS portion of general spending supporting overall operations such as HR and Finance. Overhead Cost is inclusive of both personnel cost and non-personnel cost.

# Actuarial Process

- **Data Analysis**

- Determine risks the system is prone to
- Understand outliers/extreme values

- **Possible Testing**

- Stochastic Testing
  - Use simulations to model a wide range of potential outcomes based on current system
  - Another outlier assessment
- Seriatim Testing
  - Means a case-by-case review of the proposed rate
  - Assesses cash flow risks – the risk that the proposed amount will not cover the needed services in real time.
- Incentive Study (if applicable)
  - If performance-based funding is considered, additional Seriatim Testing can ensure that the payment method allows for financial reward if performance goals are achieved

# Actuarial Soundness of Rate Development

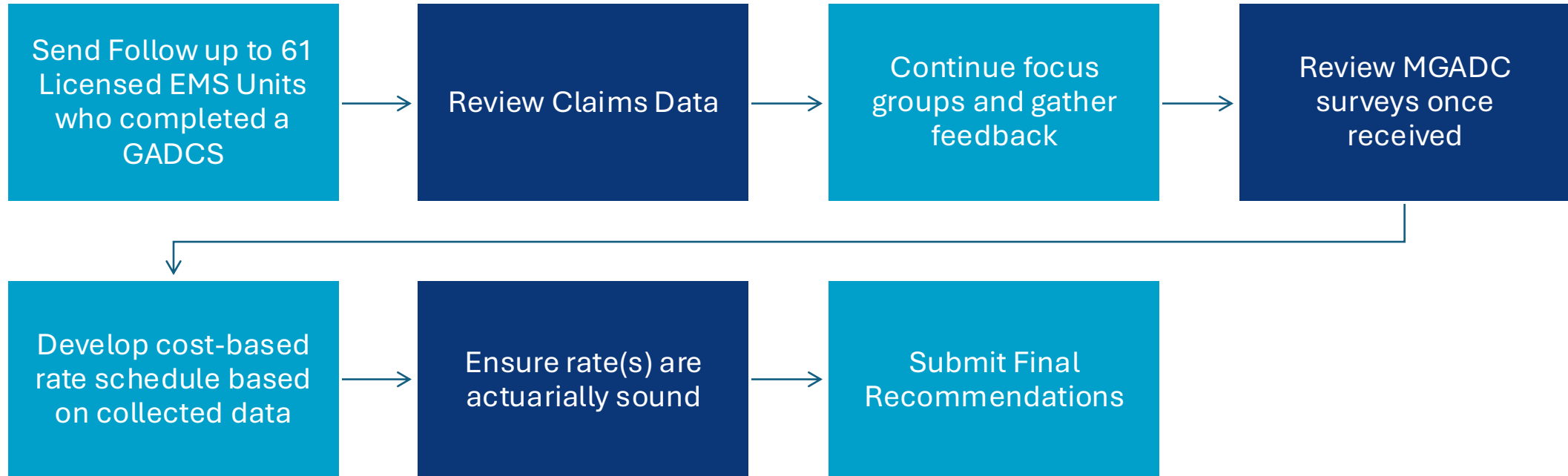
- **Actuarial Standards of Practice (ASOP) No. 1**

- *Actuarial Soundness—The phrase “actuarial soundness” has different meanings in different contexts and might be dictated or imposed by an outside entity. In rendering actuarial services, if the actuary identifies the process or result as “actuarially sound,” the actuary should define the meaning of “actuarially sound” in that context.”*

- **The project team has defined Actuarial Soundness of the Rate Development as:**

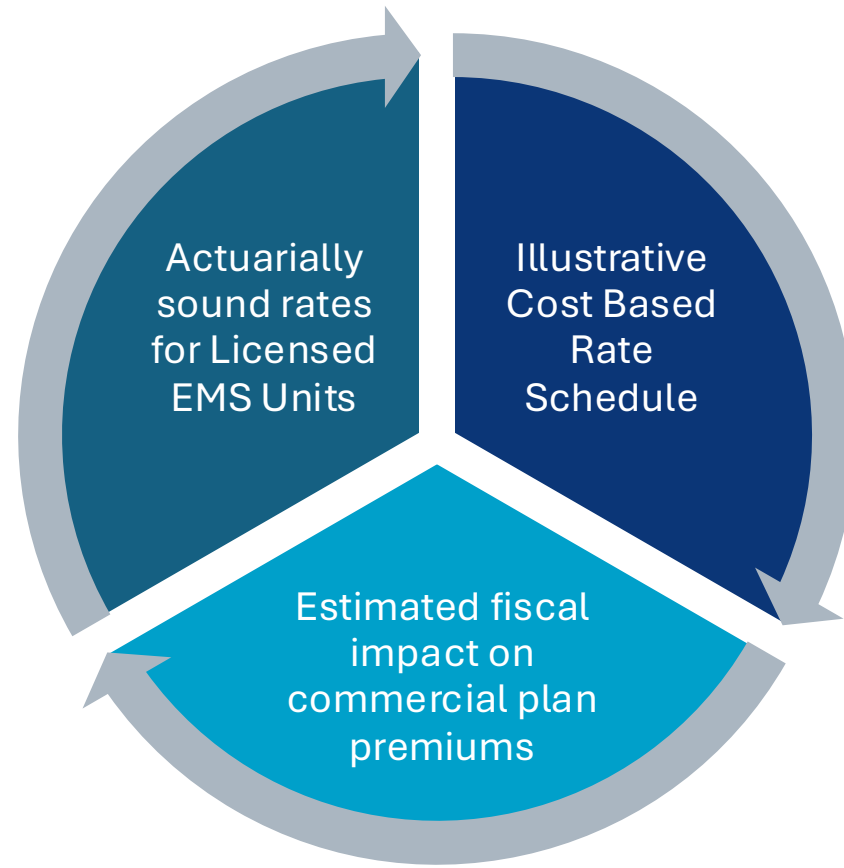
- *Developed based on appropriate data sources that are derived from a comparable population and/or services to those anticipated, or if no, are adjusted to make them comparable.*
- *Developed using adjustments to smooth data and account for expected changes from the base data period to the rate contract period, such as incomplete data adjustments, trend/inflations, population changes, changes in contracted services, etc.*
- *Expected to be sufficient to cover the contracted services, not only under expected conditions, but under moderately adverse conditions. Where moderately adverse conditions are defined as conditions that include on or more unfavorable, but no extreme, events that have a reasonable probability of occurring during the contract period.*
- *Developed in accordance with generally accepted actuarial principles and standards of practice.*

# Next Steps





# Project Outcomes



# Resources & Contact Information

- [NHHP Website](#)
- [MGADC@pcgus.com](mailto:MGADC@pcgus.com)
- [FAQ Document](#)
- [Instructions to Request GADCS Instrument](#)