

Title of Rule: Revision to the Medical Assistance Act Rule concerning Emergency Medical Transportation, Sections 8.018.1.F. and 8.018.4.D.1
Rule Number: MSB 20-04-30-A
Division / Contact / Phone: Health Programs Office / Ryan Dwyer / 303-866-6163

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

This rule revision expands the definition of Facility in the existing EMT rule. The expanded definition will allow for ambulance transports to a wider range of care locations during the COVID-19 public health emergency, including alternative hospital sites and temporary facilities. The rule also allows for transports between facilities without requiring basic or advanced life support services.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or
 for the preservation of public health, safety and welfare.

Explain:

Under the Department's current rule, ambulance trips may only be taken to a limited set of medical facilities, the "closest, most appropriate Facility." CMS recently issued an expanded list of allowable destinations for ambulance trips that qualify for Medicare reimbursement during the COVID-19 public health emergency. This rule will align the Department with that new CMS Medicare guidance by expanding our definition of Facility. The goal is to allow EMT providers to take members to a wider range of medical facilities that are appropriate to the member's condition but that are not necessarily hospitals. This will help prevent hospital overcrowding while also getting members the most appropriate medical care, and will allow utilization of temporary and alternative care sites.

The second change relates to interfacility transportation, which is ambulance transportation from one facility to another, provided the member requires basic or advanced life support en route. This revision suspends the life support requirement. This will allow for members to be moved from one facility to another if they need continued COVID-19-related care, but do not require life support en route.

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2019);

Initial Review

Proposed Effective Date

5/8/2020

Final Adoption

Emergency Adoption

5/8/2020

DOCUMENT #11

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Members utilizing or eligible for EMT services (nearly all members are eligible), EMT providers, and facilities treating COVID-19 patients will all benefit from the proposed revisions.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Affected members will benefit from increased access to care, and transportation providers will benefit from greater flexibility in their ability to transport patients. Medical providers and facilities will benefit from an increased ability to transport patients to prevent any one facility from becoming overloaded.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

There are no costs to the Department or to any other agency to implement and enforce the proposed rule.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The probable benefits of implementation are greater flexibility for EMT providers and the avoidance of overcrowding at hospitals. The benefit to members is that they can receive care in the most appropriate setting. The potential costs are an increase in EMT trips, however EMT trips occur as they are needed. The costs of inaction are potential overcrowding at hospitals and a reduction in willing EMT providers.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the proposed rule.

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6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose for the proposed rule.

1 **8.018 EMERGENCY MEDICAL TRANSPORTATION**

2 **8.018.1. DEFINITIONS**

3 8.018.1.A. Air Ambulance means a Fixed-Wing or Rotor-Wing Air Ambulance equipped with
4 medically necessary supplies to provide Emergency Medical Transportation.

5 8.018.1.B. Client means a person enrolled in the Medical Assistance Program.

6 8.018.1.C. Emergency Medical Services (EMS) Provider means an individual who has a current and
7 valid emergency medical service provider certificate issued by the Department of Public Health
8 and Environment (CDPHE) and includes Emergency Medical Technician (EMT), Advanced
9 Emergency Medical Technician (AEMT), Emergency Medical Technician Intermediate (EMT-I),
10 and Paramedic, in accordance with the Rules Pertaining to EMS Practice and Medical Director
11 Oversight at 6 CCR 1015-3, Chapter Two.

12 8.018.1.D. Emergency Medical Technician (EMT) means an individual who has a current and valid
13 EMT certificate issued by CDPHE and who is authorized to provide basic emergency medical
14 care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight at 6
15 CCR 1015-3, Chapter Two.

16 8.018.1.E. Emergency Medical Transportation means Ground Ambulance or Air Ambulance
17 transportation during which Clients who are ill, injured, or otherwise mentally or physically
18 incapacitated receive needed emergency medical services en route.

19 8.018.1.F. Facility means a general hospital, hospital unit, psychiatric hospital, rehabilitation
20 hospital, Acute Treatment Unit (ATU), or Crisis Stabilization Unit (CSU), as well as any location
21 that is an alternative site determined to be part of a hospital, Critical Access Hospital (CAH) or
22 Skilled Nursing Facility (SNF), community mental health centers, federally qualified health centers
23 (FQHCs), physician's offices, urgent care facilities, ambulatory surgery centers (ASCs), any other
24 location furnishing dialysis services outside of the End Stage Renal Disease (ESRD) facility, and
25 the beneficiary's home..

26 8.018.1.G. Fixed-Wing Air Ambulance means a fixed-wing aircraft that is certified as a Fixed-Wing
27 Air Ambulance by the Federal Aviation Administration.

28 8.018.1.H. Ground Ambulance means a ground vehicle, including a water ambulance, equipped with
29 medically necessary supplies to provide Emergency Medical Transportation.

30 8.018.1.I. Interfacility Transportation means transportation of a Client from one Facility to another
31 Facility.

32 8.018.1.J. Life-Sustaining Supplies means oxygen and oxygen supplies required for life-sustaining
33 treatment during transport via ambulance.

34 8.018.1.K. Mileage means the number of miles the Client is transported in the ambulance.

35 8.018.1.L. Non-Emergent Medical Transportation (NEMT) means transportation to or from medically
36 necessary non-emergency treatment that is covered by the Colorado Medical Assistance
37 Program under Section 8.014. Non-emergency care may be scheduled or unscheduled. This may
38 include urgent care transportation and hospital discharge transportation.

- 1 8.018.1.M. Paramedic means an individual who has a current and valid Paramedic certificate issued
2 by CDPHE and who is authorized to provide acts of advanced emergency medical care in
3 accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight at 6 CCR
4 1015-3, Chapter Two. For the purposes of these rules, Paramedic includes the historic
5 Emergency Medical Service Provider level of EMT-Paramedic (EMT-P).
- 6 8.018.1.N. Paramedic with Critical Care Endorsement means an individual who has a current and
7 valid Paramedic certificate issued by CDPHE and who has met the requirements in CDPHE rule
8 to obtain a critical care endorsement from CDPHE and is authorized to provide acts in
9 accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight relating to
10 critical care, as set forth in C.R.S. § 25-3.5-206.
- 11 8.018.1.O. Rotor-Wing Air Ambulance means a helicopter that is certified as an ambulance by the
12 Federal Aviation Administration.
- 13
- 14 8.018.1.P. Specialty Care Transport (SCT) means interfacility Ground Ambulance transportation of a
15 critically injured or ill Client from a stabilizing hospital to a hospital with full capabilities to treat the
16 Client's case. SCT is necessary when a Client's condition requires ongoing care during transport
17 at a level of service beyond the scope of the EMT, that must be furnished by one or more health
18 professionals in an appropriate specialty area including, but not limited to, nursing, emergency
19 medicine, respiratory care, cardiovascular care, or a Paramedic with Critical Care Endorsement.
- 20 **8.018.2. CLIENT ELIGIBILITY**
- 21 8.018.2.A. Emergency Medical Transportation is a benefit for all Colorado Medical Assistance
22 Program Clients who are ill, injured, or otherwise mentally or physically incapacitated and in need
23 of immediate medical attention to prevent permanent injury or loss of life.
- 24 **8.018.3. PROVIDER ELIGIBILITY**
- 25 8.018.3.A. Providers must enroll with the Colorado Medical Assistance Program as an Emergency
26 Medical Transportation provider to be eligible for reimbursement. Enrolled Emergency Medical
27 Transportation providers must:
- 28 1. Meet all provider screening requirements in Section 8.125.
- 29 2. Comply with commercial liability insurance requirements.
- 30 3. Maintain and comply with the appropriate licensure:
- 31 a. Ground Ambulance license as required by CDPHE statute at C.R.S. § 25-3.5-301
32 and 6 CCR 1015-3, Chapter Four.
- 33 b. Air Ambulance license as required by CDPHE statute at C.R.S. § 25-3.5-307 and
34 6 CCR 1015-3, Chapter Five.
- 35 4. License, operate, and equip Ground and Air Ambulances in accordance with federal and
36 state regulations.
- 37 **8.018.4. COVERED SERVICES**

1 8.018.4.A. Emergency Medical Transportation is a covered service when medically necessary, as
2 defined in Section 8.076.1.8., and in accordance with this Section 8.018.4.

3 8.018.4.B. Ground Ambulance

4 1. The following Ground Ambulance Emergency Medical Transportation services are
5 covered:

6 a. Transportation to the closest, most appropriate Facility.

7 b. Basic life support (BLS) or advanced life support (ALS) required to maintain life
8 during transport from the Client's pickup point to the treating Facility.

9 i. BLS includes:

10 1. Cardiopulmonary resuscitation, without cardiac/hemodynamic
11 monitoring or other invasive techniques;

12 2. Suctioning en route (not deep suctioning); and

13 3. Airway control/positioning.

14 ii. ALS includes ALS Levels 1 and 2 in accordance with 42 CFR § 414.605
15 (2019), which is hereby incorporated by reference. This incorporation by
16 reference excludes later amendments to, or editions of, the referenced
17 materials. Pursuant to C.R.S. § 24-4-103(12.5), the Department
18 maintains copies of this incorporated text in its entirety, available for
19 public inspection during regular business hours, at: Colorado Department
20 of Health Care Policy and Financing, 1570 Grant Street, Denver, CO,
21 80203. Certified copies of incorporated materials are provided at cost
22 upon request.

23 1. ALS Level 1 includes the provision of at least one ALS
24 intervention required to be furnished by ALS personnel.

25 2. ALS Level 2 includes:

26 a. Administration of at least three medications by
27 intravenous push/bolus or by continuous infusion,
28 excluding crystalloid, hypotonic, isotonic, and hypertonic
29 solutions (Dextrose, Normal Saline, Ringer's Lactate); or

30 b. The provision of at least one of the following ALS
31 procedures:

32 i. Manual defibrillation/cardioversion.

33 ii. Endotracheal intubation.

34 iii. Central venous line.

35 iv. Cardiac pacing.

36 v. Chest decompression.

- 1 vi. Surgical airway.
- 2 vii. Intraosseous line.
- 3 c. Specialty Care Transport when medically necessary to reach the closest, most
- 4 appropriate Facility.
- 5 d. Department-approved supplies used during Emergency Medical Transportation,
- 6 including Life-Sustaining Supplies, are separately reimbursable when medically
- 7 necessary.

8 8.018.4.C. Air Ambulance

- 9 1. Air Ambulance Emergency Medical Transportation services are covered when:
- 10 a. They meet the criteria at Section 8.018.4.B.1.a.-b.; and
- 11 b. The point of pick up is inaccessible by a Ground Ambulance, or great distances
- 12 or other obstacles prohibit transporting the Client by land to the nearest
- 13 appropriate medical Facility.

14 8.018.4.D. Interfacility Transportation

- 15 1. Interfacility Transportation is covered when:
- 16 a. The Client requires a transfer from one Facility to another, ~~and~~
- 17 ~~b. The Client requires ALS or BLS services.~~
- 18 2. Interfacility Transportation can be provided via Ground or Air Ambulance.

19 **8.018.5. NON-COVERED SERVICES AND GENERAL LIMITATIONS**

20 8.018.5.A. The following services are not covered or reimbursable to Emergency Medical
21 Transportation providers as part of an Emergency Medical Transportation service:

- 22 1. Waiting time and cancellations.
- 23 2. Transportation of additional passengers.
- 24 3. Response calls when determined no transportation is needed or approved.
- 25 4. Charges when the Client is not in the vehicle.
- 26 5. Non-benefit services (e.g., first aid) provided at the scene when transportation is not
- 27 necessary.
- 28 6. Transportation which is covered by another entity.
- 29 7. Transportation to local treatment programs not enrolled in Colorado Medical Assistance
- 30 Program.
- 31 8. Transportation of a Client who is deceased prior to transport.

- 1 9. Pick up or delivery of prescriptions or supplies.
- 2 10. Transportation arranged for a Client's convenience when there is no reasonable risk of
- 3 permanent injury or loss of life.
- 4 11. Transportation to non-emergency medical appointments or services. See Section 8.014
- 5 for NEMT services.

6 **8.018.6. PRIOR AUTHORIZATION**

- 7 8.018.6.A. Prior Authorization is not required for Emergency Medical Transportation.

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