

Jackie Zheleznyak, Director of Government Relations, Denver Health and Hospital Authority

Denver Health is a comprehensive, integrated organization providing level one care for all, regardless of ability to pay. Twenty-five percent of all Denver residents, or approximately 150,000 individuals, receive their health care at Denver Health. One in three children in Denver is cared for by Denver Health physicians as well.

As Colorado's primary safety net institution, Denver Health has provided billions of dollars in uncompensated care. Denver Health is an integrated, efficient, high-quality health care system serving as a model for other safety net institutions across the nation. Additionally, the Denver Health Paramedic Division is the sole provider of emergency medical services for the City and County of Denver, Colorado. Our mission is to provide professional, compassionate and clinically excellent care to every patient, with every encounter, through a culture of integrity and continuous improvement.

A division of Denver Health and Hospital Authority, we provide 911 services to residents of Denver, as well as the cities of Glendale, Sheridan and Englewood and the Skyline Fire Protection District. The Denver Health Paramedic Division employs 215 paramedics, 20 emergency medical technicians (EMTs) and has a command staff of 31. We responded to 106,715 calls in 2015.

Emergency Medical Transportation Benefit

1) Definitions:

a. Life Sustaining Supplies

- i. **Recommendation:** Denver Health asks that all supplies used during transport for patient care be reimbursable. Please see the accompanying list of equipment/supplies for a list of what at a minimum should be included

b. EMT-B, EMT-P

- i. **Recommendation:** Denver Health believes that the responding/treating/transporting crew should comprised of at least one Colorado State Certified EMT/Paramedic

2) 8.018.4.A.1.a Covered Services

Current: "Transportation to the closet, most appropriate facility"

Recommendation: Patients shall be transported to the most appropriate facility based upon medical treatment need. If there is no specific need to where the patient would reasonably like to go or a request made, based upon continuity of care transport should be to the closest appropriate facility.

3) 8.018.5.A.7

Current: "Transportation of a client who has been pronounced deceased at the time that the ambulance arrives."

Recommendation: Denver Health recommends striking this exclusion.

4) Other Comments:

- a. There is a necessity of aligning with CDPHE Rules Chapter 2 & 4. As the regulator of EMS services in Colorado HCPF should not promulgate benefits that are in contracts to any policy

Non-Emergency Medical Transportation:

1) 8.014.3.E.3

Current: Each client must agree to be transported with other clients.

Recommendation: Denver Health advocates for removing this requirement as it may not be in the best interest of the patients. Patients may not be comfortable in an unknown situation with unknown persons and forced co-mingled transport may be disruptive to the patients and their health outcomes. These situations may include patients that are combative or uncooperative, behavioral health patients, and critical care patients.

2) 8.014.4.C Vehicle Mileage:

Recommendation: Denver Health advocates for adding to this section a way for ride-sharing services that are currently being used by providers who supplement payment to the ride-sharing services, to be reimbursed for the accrued mileage for valid and appropriate rides.

3) 8.014.4.E.2 Covered Place of Services

Current: NEMT must be provided to the closest provider available qualified to provide the service the client is traveling to receive. If the closest provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider.

Recommendation: NEMT must be provided to **the provider that the patient has an established relationship or** to the closest provider available qualified to provide the service the client is traveling to receive. If the closed provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider. Denver health does not believe we should be disrupting a patient's continuity of care by requiring patients to see an unknown provider whom the patient does not have an established relationship based on cost savings due to location.

4) 8.014.6 Prior Authorization

Recommendation: Denver Health would like to add the following language and renumber current 8.014.6.D to 8.014.6.E :

8.014.6.D.1. Prior Authorization shall not be required to be authorized by the State Designated Entity (SDE) if the provider is designated by the Department as an Enrollment site and verifies Medicaid eligibility independently.

8.014.6.D.2 At the request of the Department a designated an enrollment site will submit a log of all trips and patient information the NEMT benefit was accessed for.

Rationale for change: Denver Health provides between 50-60 rides to patients every week to ensure the patient experience is a positive one. We currently use a ride sharing

program for this service. The rides from the hospital/ED to local destinations range between \$7.50 and \$12.50. Our request of the state would be to reimburse us for those Medicaid patients utilizing this service and traveling home. The distance could never exceed 25 miles and we would not request reimbursement for surge pricing. Unlike cabs or other transportation services, we would be able to provide the documentation that shows the actual ride on a map including pricing and time. Additionally, Denver Health is an eligibility site and has the ability to secure the patient is benefit eligible at the time the services is provided. Creating this public private partnership has been a great benefit to our patients and saves our care providers at a minimum of 45 min per patient.