**OKAMA AND MEDICAID**

Oklahoma EMS and specifically Ground Emergency Medical Transportation, GEMT, benefit from one of the highest, if not frequently highest reimbursement rates. GEMT in other states struggle as they are required to provide service and 911 responses for Medicaid patients. Several states have constantly tried to improve their rate, usually achieving only small improvements. Oklahoma providers have received between 80%-100% since October 2005.

OKAMA has long valued its early work and the professional relationship we have maintained with leadership at the Oklahoma Healthcare Authority. OKAMA started by attending OHCA meetings and retreats, repeatedly educating the leadership about our challenges. After five years of diligent effort, the OHCA Board authorized the Executive Director to work with OKAMA to improve the reimbursement for Emergency Medical Transportation services.

In late summer of 2005, OKAMA was ready and meetings started. This included a complete review of OHCA Administrative Rules regarding Emergency Medical Transports, what was defined as medically necessary and reasonable. OKAMA was well prepared with our resources from American Ambulance Association. Several of OKAMA’s members and board were experienced officers and members of the AAA that had helped with meetings and negotiations at the national level, working with Centers for Medicare and Medicaid Services, CMS. Most of this work was during the creation of the still current CMS Fee Schedule. OKAMA offered that this was a reasonable place to start.

OKAMA was highly successful at giving the OHCA solid grounds to update the Medical Transportation Fee Schedule and justify increasing the payments to equal the Medicare Fee Schedule. As of October 1, 2005, OHCA began paying Oklahoma EMS suppliers and providers allowable that matched the CMS Fee Schedule projected for Jan 1, 2006. Payments for the most common Emergency and Non-Emergency EMS events doubled from what was paid earlier in 2005.

Through the years, OHCA does not use an annual adjustment for inflation, unlike the CMS Fee Schedule. Instead, OHCA adjusts the fee schedules of all providers and suppliers as they can. This includes physicians, hospitals, lab services, durable medical equipment and many others. Through the past 15 years the financial experiences of the State have had lots of ups and downs. OHCA has been through some increases. But there have been many times that the OHCA has announced mandatory cuts, both focused and across-the-board. Through nearly all the cuts, EMS has been spared. OKAMA credits our sustained relationship with OHCA and to helping them understand and justify their decisions, recognizing our critical value of EMS to our communities. Afterall, we are 911 providers and critical when emergencies occur.

Currently, OKAMA continues to work with OHCA to keep and increase what EMS receives. OHCA generally believes that GEMT has improved the level of care and the quality of care through the years. They have stated to us that they would pay more for our transports if the funds were available. Currently we are paid near 83% of the Medicare Allowable. Too many other states receive less than half their Medicare Allowable.

Finally, our relationship and reputation with OHCA and others has helped us with Revenue Improvement. Our Ok EMS Governmental EMS have just received their first payments from the new Certified Public Expenditure, CPE. OKAMA worked with our colleagues at OSFA to get the legislation, then OHCA helped get the program in place as soon as possible. OKAMA’s next big objective is to secure a comparable or better Revenue Improvement program for the EMS that do not qualify for CPE.

So, it is reasonable, and OKAMA commonly cites, that any Oklahoma EMS can look at their funds received from service to a Medicaid patient, last known to average 8% to 23% of their total transports, and imagine that amount is perhaps twice what it would be without OKAMA.

You’re Welcome.