



HANDOUT 1



Critical Care. Critical Issues.

	<u>2000</u>	<u>2009</u>	<u>2019</u>	<u>+/-</u>
EKG Cardiac Monitor	\$ 13,500	\$ 17,400	\$ 32,100	138%
Patient Stretcher	\$ 4,395	\$ 8,800	\$ 15,262	247%
Type II (van ambulance)	\$ 47,000	\$ 76,000	\$ 98,000	100%
Type III (modular)	\$ 56,000	\$ 96,500	\$ 145,000	158%
Ambulance Remount	\$ 45,000	\$ 65,000	\$ 85,000	88%
Medications	800%			
Airway equipment	600%			
IV supplies	450%			
EMT Wages	\$ 24,000	\$ 28,600	\$ 36,800	54%
Paramedic Wages	\$ 34,500	\$ 38,400	\$ 48,900	41%

ARKANSAS MINIMUM WAGE INCREASE

Year 1 Average 8% increase in wages to bring entry-level positions up to new rate

Year 2 Additional 28% increase in wages if applied only to entry-level (EMT positions)

Year 3 Entry-level EMT pay will be on par with Paramedic pay. Potential impact 22% increase

Over the 3-year phase in period, wage expenditures increase by 58%

COST OF BENEFITS ... 2000—2009 Average increase of 51%



Ambulance Upper Payment Limit (UPL) Program

- Arkansas hospitals and nursing homes have used the UPL program for more than a decade to help offset uncompensated care and to bridge gap payments between Medicaid and commercial insurance payers.
- In the United States, 42 of 50 states (84%) have established hospital UPL programs while 45 of 50 states (90%) have programs for nursing facilities.
- Currently, there are 17 states (34%) that have ambulance UPL programs. Several states are in the preliminary stages to adopt UPL legislation.
- In 2017, the Arkansas General Assembly passed SB639 authorizing DHS to establish a UPL program for ambulance providers.
- The ArAA and DHS have worked since July 2017 to:
 - survey ambulance providers and collect revenue and claims data to establish the average commercial rate and potential gap payment amount for the state
 - develop assessment reporting tools
 - draft State Plan Amendment (SPA) documents
 - answer CMS questions on program methodology and the state's SPA
- On April 19, 2019, DHS and the ArAA agreed to a timeline to complete the steps necessary to submit the program to CMS for approval. The information was due to CMS by September 25, 2019.
- Upon realizing that the information would not be submitted to CMS by the 9/25 deadline, DHS requested to go “off the clock” and continue to work to provide the information.
- Going “off the clock” means CMS has no stated deadline in which to provide approval or denial of the program.
- CMS sent back a series of questions and requested additional information from DHS and the ambulance providers. These questions were answered and returned to CMS on December 13, 2019.
- The ambulance providers of Arkansas are awaiting a response from CMS.
- Ambulance providers have been waiting 32 months for implementation of this vital funding.