

# EMS Utilization of CMS Waivers

During the COVID-19 Public Health Emergency



## OVERVIEW

During the COVID-19 public health emergency, CMS issued four waivers for ambulance services to allow for reimbursements for transporting patients to facilities other than a hospital emergency department, treatment in lieu of transport, EMS facilitation of telehealth services, and hospital at home utilizing community paramedics.

In March, 2022, the National Association of Emergency Medical Technicians (NAEMT) conducted a survey to understand how ambulance services are utilizing these waivers. 523 respondents from 48 states participated in the survey. Respondents represented all types of providers from the full spectrum of delivery models, call volumes and number of personnel.

Overall, respondents reported very low utilization of these waivers:

Type of waiver	Respondents reporting utilization
Transporting patients to alternate destinations	10%
Treatment in lieu of transport	18.2%
Facilitation of telehealth services	5.6%
Hospital at home utilization of community paramedics	6.1%

Most frequent reasons given for not utilizing these waivers were that state regulation prevented implementation of the waivers; lack of support from agency leaders, physicians, hospitals or other healthcare facilities; lack of awareness about the waivers, and not enough COVID-19 patients in the community to utilize the services authorized through the waivers.



## SURVEY HIGHLIGHTS



### Transporting Patients to Alternate Destinations

Only 10% of respondents reported that their ambulance services had utilized this waiver. The 90% of respondents whose agencies were not utilizing this waiver indicated the following reasons:

No telehealth provider partner available	44.8%
Other reasons*	42.3%
Lack of medical director support	15.4%
Lack of community support	12.2%
Lack of agency leadership support	8.6%

\*The most frequent other reasons reported were: lack of need within the community relative to COVID-19 patients, lack of awareness about the waiver, and state regulation that prohibits ambulance transport to alternate destinations.

Of the 10% who did report utilizing this waiver, 52.3% reported transporting 10 or less patients to date while only 15.9% reported transporting 100 or more patients. The most frequent transport destinations were behavioral health/substance abuse centers (39%), and urgent care centers (39%). The vast majority of these respondents reported billing CMS for these transports (78%) and receiving reimbursement (75%).



### Treatment of Patients in Lieu of Transport

A somewhat higher number of respondents, 18.2%, reported that their ambulance service was providing treatment in lieu of transport.

The 81.8% of respondents who reported that their service was not utilizing this waiver indicated the following reasons:

No healthcare provider partner available	44.8%
Other*	42.3%
Lack of medical director support	15.4%
Lack of community support	12.2%
Lack of agency leadership support	8.6%

The most frequent other reasons indicated were: lack of need in the community specific to COVID patients, lack of awareness about the waiver, and not authorized by the state.

Of those who reported utilizing the waiver, the greatest number of respondents, 42.4%, indicated treating 29-40 patients to date. Only 18.2% reported treating 100 or more patients. When asked about billing and receiving reimbursement from CMS for this service, 68.3% reported billing CMS and 65.9% reported receiving reimbursement.



### EMS Facilitation of Telehealth Services

Only 5.6% of respondents reported that their ambulance service is partnering with one or more physician telehealth services. The 94.4% of respondents who reported that their ambulance service is not

facilitating physician telehealth services indicated the following reasons:

No healthcare provider partner available	<b>56.8%</b>
Other*	<b>32.1%</b>
Lack of medical director support	<b>11.8%</b>
Lack of community support	<b>10.5%</b>
Lack of agency leadership support	<b>8.3%</b>

\*The most frequent other reasons reported were: lack of need in the community specific to COVID patients, lack of awareness about the waiver, not authorized by the state, and lack of telehealth services in the area.

Of those reporting utilization of this waiver, 35% reported less than 10 patient facilitations, 30% reported 20-49 patient facilitations, and 30% reported 100 or more patient facilitations. Physician telehealth providers were primarily emergency and primary care physicians.

Emergency Medicine	<b>61.1%</b>
Primary Care/General Practitioner	<b>55.6%</b>
Behavioral Health	<b>11.1%</b>
Other	<b>11.1%</b>

Only 29.4% of those ambulance services utilizing this waiver reported billing CMS for reimbursement. However, 75% of those that did submit bills received reimbursement.



### Partnering with hospitals to provide mobile healthcare paramedic services

Only 6.1% of respondents reported that their ambulance service was partnering with a hospital(s) to provide mobile healthcare paramedicine. The 93.9% of respondents who reported that their ambulance service is not utilizing this waiver indicated the following reasons:

No hospital in home provider partners available	<b>58.9%</b>
Other*	<b>29.9%</b>
Lack of medical director support	<b>9.2%</b>
Lack of agency leadership support	<b>8.2%</b>

The most frequent other reasons cited were: the ambulance service does not have a community paramedic program to support the partnership, community paramedicine is not authorized in their state, lack of awareness about the waiver, lack of hospital interest in partnering, and lack of need specific to COVID-19 patients.

Of those reporting utilization of this waiver, the majority, 62%, reported caring for less than 10 patients under the waiver. 65% reported billing CMS for reimbursement of which 92.3% were receiving payment.

### SURVEY INSIGHTS

Data from this survey indicates that EMS agencies that were able to effectively transform their service delivery under the waivers were able to provide enhanced value to their patients, other healthcare system providers and payers. Survey responses suggest that although the waivers gave EMS some flexibility to navigate patients to the right care, at the right time, and in the right setting, many of the waivers were granted too late in the pandemic, at a time when partner resources had limited capacity, and contained other conditions which limited extensive implementation.

Results also suggest that narrowly focused, highly conditional waivers are not the remedy for the fundamental flaw in the EMS economic model that plagues the entire EMS system – the reimbursement of EMS solely based on the transportation provided – as opposed to the care delivered. Changing the reimbursement model will enable EMS agencies to implement transformative care delivery models which reduce preventable emergency department visits. We encourage EMS agencies, healthcare system partners and payers, and local, state and national leaders to work collaboratively to address this structural problem.