



Association of Connecticut Ambulance Providers

Aetna Ambulance :- Ambulance Service of Manchester :- American Ambulance Service
American Medial Response :-Campion Ambulance Service :- Hunter's Ambulance Service

Raised Bill No. 662 "AAC Medicaid Eligibility and Reimbursement".

Good Morning/Afternoon. It is my pleasure to be here today testifying before the Human Services Committee. My name is Greg Allard and I am the Vice President of the Association of Connecticut Ambulance Providers. As you heard earlier, this association is comprised of commercial ambulance services that provide emergency and non-emergency transportation throughout Connecticut.

My testimony today is in favor of Raised Bill No. 662 and in particular Section 3.

I would like to start by providing you with a typical scenario involving a patient transportation request. Here is the scenario: A patient is ready to be discharged from a hospital at 1:00 p.m. on a Saturday. The patient needs to be transferred back to a skilled nursing facility. The hospital contacts XYZ Ambulance and gives them the following patient information; the patient has contractures and requires oxygen at 4 liters. They are also told that this patient has Medicaid. XYZ Ambulance now knows that this transfer will require prior authorization. XYZ Ambulance follows protocol and faxes the information related to this patient's transfer to a broker the Department of Social Services contracts with to handle these prior authorizations. XYZ Ambulance simultaneously dispatches an ambulance to the hospital to perform the transport which is done without incident.



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Now it is important that you understand that XYZ Ambulance just did this transfer at risk and may not be reimbursed. The reason that this was done "at risk" is due to the fact that no prior authorization was actually given. The ambulance provider simultaneously sent an ambulance to do this transfer while faxing the broker. The brokers are required to have personnel available 24-hours a day yet they are only providing it during normal business hours Monday through Friday and even then it can take hours to days before we get the authorization. We know that if we did not transfer this patient in a timely manner it will not only affect that patient but the overall healthcare system. If that patient sits in their hospital bed, a patient in the Emergency Department can't go up to a room, and if that Emergency Department patient can't get into a room then ambulance patients need to be diverted in some cases long distances away to other hospitals. This inefficiency and potential compromise to care is why we do these transfers and hope we get approval the next business day. In this scenario, should Bill No. 662 be passed, prior authorization would not be required as it meets one of the conditions outlined; the patient was discharged from an acute care hospital and was returning to a skilled nursing facility.



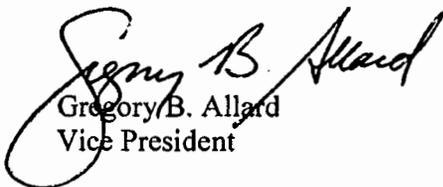
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We are confident that this section clearly defines conditions in which a patient would warrant an ambulance where no prior authorization would be required. The reason we are confident is due to our experience with Medicare. Medicare is our single largest payer and it does not require prior authorization. Medicare does however, have a pre-determined list of conditions that must be met which they allow and we adhere to. This section is very similar.

It is for these reasons that we ask you to support Raised Bill No. 662 Section 3.

Respectfully Submitted,


Gregory B. Allard
Vice President