

Community Care Ambulance  
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## Regarding the Ohio Ambulance and Medical Transportation Industry

Chairman Burke, Vice Chairwoman Manning, Ranking member Cafaro and members of the Senate Medicaid committee, thank you for the opportunity to speak with you today regarding the state of the Ohio ambulance and transportation industry. My name is Julie Rose and I am the CEO of the Community Care Ambulance, a not for profit EMS & Medical Transportation company serving 8 counties in Northeast Ohio. I also serve as Past President of the OAMTA, Board of member of the American Ambulance Association and the State of Ohio Emergency, Fire and Transportation Services Board.

We are an organization that was created in cooperation with two renowned hospital systems as they recognized that quality 911 and medical transportation is essential to the continuum of care and meeting quality healthcare outcomes. Rural areas are particularly at great risk of accessibility to quality medical transportation services essential to transporting critically ill and injured patients from community based hospital ERs to hospitals with higher levels of care for services not commonly provided by community hospitals.

We currently provide EMS to 8 cities, villages and townships and certified Emergency Medical Dispatching for ambulance and fire departments. We are a full service medical transportation company also providing critical interfacility and nonemergency ambulance transports to hospitals & nursing facilities; wheelchair van and shuttle services- all designed to assure patients get to the appropriate facility for their care. We employ over 300 people and serve over 90,000 patients a year.

Not only have we not received any meaningful increase from Medicaid in over 10 years, we have had significant revenue cuts from providing services to Medicaid patients over the past several years – such as we can no longer bill our coinsurances to Medicaid- a reduction of significant revenues needed to support our 911 systems. EMS contracts are purposely bid for long terms to assure the security of the services to the community. Public policy change midpoint of the funding cycle puts EMS contracts and Medicaid patients needing 911 response at risk. Pediatric ventilator Medicaid patients requiring nurse level transport per State protocol cannot find services to transport them since Medicaid pays less than a 1/3 of the cost to provide the service.

We have one of the lowest reimbursement rates of any of our contiguous states, and the lowest for a state of its size. Our Ohio state reimbursement ranks in the bottom 25 % in the nation. It is 1/3 of the Medicare payment- which has been determined

by the GAO twice to be below cost- validating that our Medicaid rates are below 1/3 of the cost of providing services. Subsequently, over 30 of my associates have been forced to close their doors in Ohio costing our state jobs and money – and most importantly putting patients at risk.

We were forced to cancel our contract with the Managed Care organizations serving MyCare Ohio because we could not afford the resources to handle all the patients. And now we have to take legal action to get those Managed Care payors to pay us for services rendered. We are seeking an across the board rate increase. While we are aware of the scarce resources and immense pressure you are put under as elected official to allocate these funds, our industry is at the precipice. Without a rate increase, an extremely vulnerable population – Ohio's emergency and elderly and frail population - will be at risk of receiving timely services and will suffer while additional ambulance and transportation facilities shut their doors or refuse transport.

I would be happy to answer any questions you might have and I thank you for your time and consideration.