

MEDICAID EMERGENCY TRANSPORTATION DURING COVID-19

During the COVID-19 public health emergency, the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) **adjusted rates for advanced life support (ALS) and basic life support (BLS) services.**

BMS also implemented the **E-100 protocol**, which helped Emergency Medical Service (EMS) providers **identify members that could care for themselves at home** without transport to the emergency department (ED) to **help make sure ED services were available for more severe issues.**

Medicaid claims data from January 2017 to June 2021 were studied to see how transportation service use, costs, and related health outcomes changed during the pandemic. **Focus groups with EMS providers** were also conducted between February and March of 2022 to understand their perspectives on the E-100 protocol.

Rate adjustments for life support transport may have helped EMS providers dealing with a decline in use during the pandemic. These changes **helped EMS transportation providers continue to deliver services.**

Most EMS providers were confident in using the E-100 protocol and said they advised members to follow up with their primary care provider or medical home after an E-100 visit.

Overall, the decision to use the E-100 protocol worked.



EMS PROVIDERS HAD CONFIDENCE IN THE E-100 PROTOCOL.

The E-100 protocol helped EMS providers transport members with severe issues while still providing emergency care to those who could care for themselves at home.



MAJOR MEDICAID EMERGENCY TRANSPORTATION FINDINGS



SERVICES & COSTS DECLINED

Emergency medical transportation services and costs declined.

Services gradually declined during the pandemic, down 14% for advanced life support and 7% for basic life support.



E-100 PROTOCOL USE & COSTS INCREASED

The use and costs of the E-100 protocol saw a sustained increase during the pandemic.

Its use during the pandemic rose over 150% and has remained high.



MANAGING CARE AT HOME

The E-100 protocol helped members manage their care without going to the emergency department.

The protocol was used on average 165 times a month, with more than half of members not having to visit emergency departments.



PROVIDERS HAD CONFIDENCE

Most EMS providers were confident using the E-100 protocol.

EMS providers noted that their confidence improved over time as they had opportunities to consistently use and apply the protocol.



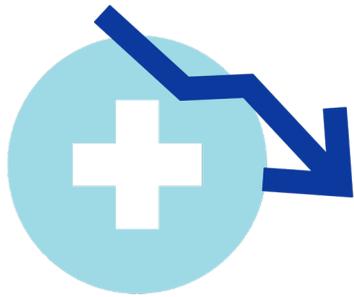
HEALTH VISITS INCREASED

Communication with the general public and some healthcare providers was an issue, while other areas worked smoothly.

Visits to internal medicine, general, and family practice providers increased after an E-100 visit.

The information summarized here comes from a larger evaluation on changes to the WV Medicaid system during COVID-19. For additional information, please contact WV Medicaid at DHHR.BMSSupport@WV.gov.

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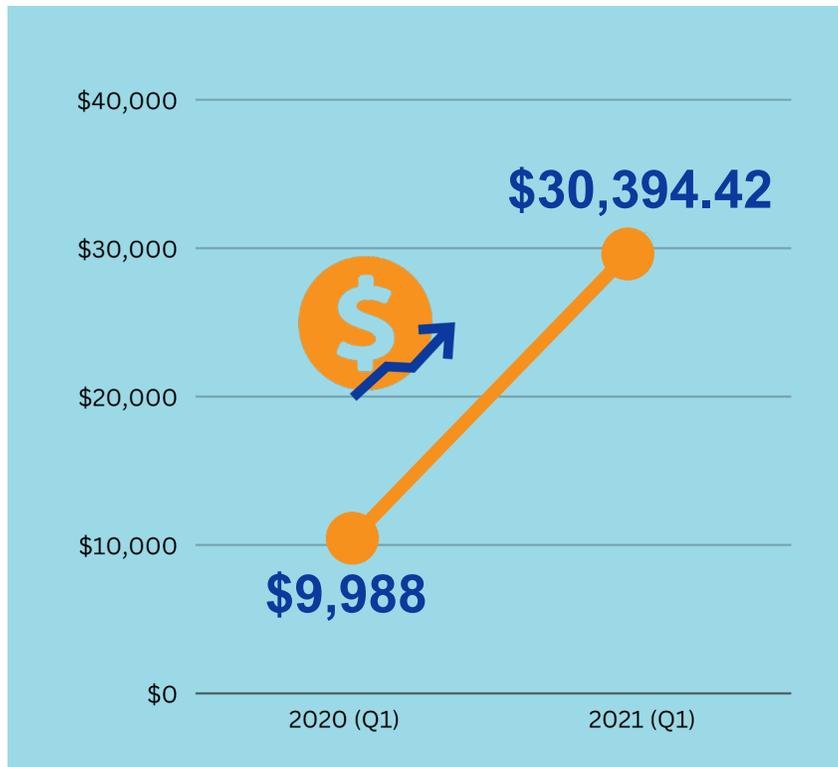
Life support services gradually declined during the pandemic, down 14% for advanced life support (ALS) and 7% for basic life support (BLS).



ALS and BLS service costs were lower by 25% (\$3.0M Q1 2020 vs. \$2.3M Q1 2021) and 20% (\$3.2M Q1 2020 vs. Q1 2021), respectively, when compared to before the policy change.

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The use and costs of the E-100 protocol saw a sustained increase during the pandemic.



Its use during the pandemic **rose over 150%** and remained high.

The **costs of using the E-100 protocol were up over 200%** (\$9,988 Q1-2020 vs. \$30,394.42 Q1-2021) following the policy change.

Cost of E-100 protocol following the policy change

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The E-100 protocol helped members manage their care without going to the emergency department.

165 uses/month

During the pandemic, **the protocol was used on average 165 times a month**, with most members not having to visit emergency departments.



80 cases/month managed at home

The use of the E-100 protocol likely **kept more than 80 members every month out of the emergency department** for illnesses or situations that were manageable at home. Visits to internal medicine, general, and family practice providers increased after E-100 visits.

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Most EMS providers were confident using the E-100 protocol, and the checklist helped them gain confidence over time.

EMS providers noted that their **confidence improved** over time as they had opportunities to consistently use and apply the protocol.

10/11



SLIGHTLY
CONFIDENT



FAIRLY
CONFIDENT

Ten out of 11 EMS focus group participants expressed confidence using the E-100 protocol, ranging from “slightly confident” to “fairly confident.”

EMS PROVIDERS SAID:

“It was a whole different mindset from what we’ve been taught, that you always encourage people to go to the hospital.”

“Because it is a new protocol, there is a gray area. There is a lack of information for the patients. But as we used it, we got more confident with it.... [T]he checklist did help as well.”

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Communication with the general public and some healthcare providers was an issue, while other areas worked smoothly.

Although many regional providers and patients initially misunderstood or seemed uncertain about the protocol, visits to internal medicine, general, and family practice providers increased after an E-100 visit.

“From the start of this, we knew it was going to be imperative to collaborate.... [W]e put out with the 911 center...kind of a joint statement on Facebook and some of the local newspapers.... [W]e didn’t want it to say anything that the patient could take as, ‘If you think you have an emergency, don’t call 911.’ ...But with this collaboration though, everybody was kind of on the same page...they would say, ‘You don’t need to go to the ER. You can follow up with us if these symptoms continue.’” - EMS Provider

