

**PUBLIC OVERSIGHT ROUNDTABLE
ON
AMBULANCE FEE INCREASE AND ANTICIPATED REVENUES**

**Before the
Committee of Public Safety and the Judiciary
Council of the District of Columbia**

The Honorable Phil Mendelson, Chairman

**May 30, 2008, 12:00 p.m.
Council Chamber, John A. Wilson Building**



**Testimony of
Angelique R. Hayes
Associate Chief Financial Officer
Government of the District of Columbia
Public Safety and Justice Cluster**

Good afternoon, Chairman Mendelson and members of the Committee on Public Safety and the Judiciary. I am Angelique R. Hayes, Associate Chief Financial Officer for the Public Safety and Justice Cluster. I am pleased to offer testimony for today's roundtable on Ambulance Fee Increase and Anticipated Revenues. I am joined today by Heather McCabe, Senior Health Policy Advisor to the Chief Financial Officer, and Dan Proudfoot, Fiscal Analyst for the Office of Revenue Analysis.

The Mayor's FY 2009 proposed budget included an estimated \$7.2 million in revenue to be generated from ambulance fee increases. This projected revenue estimate is certified by the Office of the Chief Financial Officer. Our analysis is based on the best available data and information provided by subject matter experts. The certification is predicated on the following assumptions:

1) The number of Emergency Medical Services transports

- The number of EMS transports is projected at 75,050 for fiscal year 2007. This is based on actual data from 2007 and is consistent with historical trends.

2) Composition of Users/Guarantors

- The composition of the guarantors in the District of Columbia include: Medicare, Medicaid, Private Insurance, and Self Payers.

3) The anticipated Medicaid allowable reimbursement rate

- The approved Medicaid State Plan Amendment provides for reimbursement up to the actual costs of providing emergency medical services. The current Federal Financial Participation (FFP) rate is 70%. We project that the Medicaid allowable reimbursement (that is, the FFP) per transport will be at least equal to the proposed fee.

4) The anticipated Medicare allowable reimbursement rate

- The proposed Medicare allowable reimbursement rate increases based on what is currently allowable under federal guidelines.

5) The anticipated payments from private insurance and self-pay

- The current payments from private insurance and self-pay will be received at the current collection rate.

6) The anticipated overall collection rate

- The projected collection rate of 57% is based on the continuing trend of the past 18 months.

Thank you for the opportunity to testify today. I, along with my colleagues, will be happy to respond to any questions that you might have.