

Questions and Answers from Open Door Forum:

Ambulance, October 22, 2020

1. My question is in regard to RSNAT Prior Authorization Model. Based upon the current model of the nine states, what would you say all ambulance services should be doing now to get ready for it when it becomes a requirement for everybody?
 - a. The prior model doesn't change any documentation requirements or medical necessity requirements. So I would just make sure you're following all of those current requirements, getting the physician certification statement, and maintaining all the required supporting documentation.
2. I'm inquiring about the Ground Ambulance Data Collection System. Since we were chosen for the first year and we don't have to do any reporting till after 2021, is there something that we need to fill out on the CMS website or Medicare that shows that we're going to wait until the 2021 year to start collecting this?
 - a. I think the short answer is no. I would just state that we will be providing an update in the near future with regard to the Medicare Ground Ambulance Data Collection System. And we would suggest that you check our Ambulances Services Center website for updates.
3. Thank you for having this update on the RSNAT that demonstration expansion. I wondered if part of the expansion will involve drawing on that experience in the demo states and reaching out to state Medicaid programs regarding the possible impact of this new policy?
 - a. Those are good suggestions and we will take that back and look into reaching out to the Medicaid side before we implement any more states.
4. My question is about the ET3 program and medical necessity. I see in the Frequently Asked Questions on the CMS website that the existing medical necessity criteria will apply. I'm concerned about if the patient doesn't – is able to go to an alternative destination such as an urgent care and doesn't need services at a hospital ED, how do we determine whether that's truly medically necessary under those criteria if they don't actually need hospital services?
 - a. The existing medical necessity criteria still apply. The purpose of the alternative destination transport is for the patient and the Medicare beneficiary to receive covered services at that alternative destination location. More information will be provided to participants in their onboarding process.
5. My question is for the RSNAT Team. I was listening to the states that are already involved now and it seemed like a lot of East Coast states are really in that list. I was just wondering if you have a perspective on getting it more through the Midwest and to the West Coast and maybe even talking about why there wasn't applicants before in that area? That's my main question because I think other parts of the country probably could really benefit from this wonderful model.
 - a. We did originally start in New Jersey, Pennsylvania and South Carolina. We chose that because those states did have some higher utilization. The Medicare Access and CHIP Authorization Act they actually added, Congress added, in the next six states that brought us to the nine states. And you're right, they are mainly all right there together on the East Coast. And as we work on getting that nationwide, we'll get all areas of the country involved.
6. Based on the language and the expanded coverage for destinations that were typically not covered, the National Academy of Ambulance Compliance interpreted it the same way I did so hopefully we're on the same page. It is saying that these expanded destinations are covered regardless of if it's related to COVID-19. Is that correct?
 - a. That is correct.
 - i. What's the effective date of that when it started?

1. The effective date we place that in an Interim final rule with comment period. That was published April 6, 2020. It states here that these regulations are effective on March 31, 2020.
 - a. Are the Medicare HMOs required to cover these expanded destinations as well?
 - i. I'm sorry I cannot address HMO issue. I can only address the Fee For Service side.
 1. Does this expanded destination rule absolve skilled nursing facilities from being liable when it's - would it typically have been a bundled bill service? So for example nursing home to physician's office, who was the appropriate? Are we billing it to Medicare or are we billing it to the business under this covered destination situation?
 - a. A medically necessary ground ambulance transport from a SNF to a physician's office is covered under the Medicare Part A SNF Consolidated Billing (CB). Modifiers NP should be reported for this transport. As explained in the ninth bullet point in §20.3.1 of the Medicare Claims Processing Manual, Chapter 6 (available online at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf>), this is so because “. . . even though the physician's services are themselves excluded from SNF CB, this exclusion does not affect the beneficiary's overall status as an SNF 'resident' for CB purposes.”.
7. My question is concerning the ET3 model. You said you have selected companies of different varieties. Are there any options for companies that were not selected to be a part of the initial rollout?
 - a. In the request for application, there was some information about future model rounds. But at present time we don't have any new update regarding future rounds. So, for the current model you had to apply according to the original deadline and go through the selection process. So, the answer is no there is not an opportunity to participate at the present time except for those 205 that have already gone through the process.
8. Do we have provider reps? I'm new as the business office manager and I've had several questions that have arisen that aren't really pertaining specifically to today's agenda. But I was wondering if there is Medicare reps that we could talk to, to answer some questions that we've had come up under some coding issues?
 - a. We would suggest that you reach out to your local MAC contractor for specific coding questions.
9. I have a question for ET3 Team. Lessons learned from the COVID-19 pandemic and specifically the flexibilities with the IFC allowing ambulances to transfer to alternative locations, are you going to open up the application period again for ET3? And don't you think we'll get more interviews to the lessons learned from COVID-19?

- a. As I indicated the ET3 model is a five-year volunteer - voluntary payment model and the request for application process resulted in 205 selected applicants. And we don't have any new information at the present time regarding future rounds.
- 10. This question is for the cost data collection program. I was wondering when the organizations that are going to be selected in year two may be notified when that would be published?
 - a. As we stated previously, we will be providing an update to the Medicare Ground Ambulance Data Collection System in the near future. We would as we did for the notifications for year one, we would suggest that has been posted to our Ambulances Services Center website. And so we would suggest that you check our Ambulances Services website for, you know, for further information.
- 11. With regard to the RSNAT I'm just wondering if you guys have any anticipation of what type of lead time or advance notice of the additional roll out space that providers can expect?
 - a. So for the expanded states we plan to give at least 60 days' notice. Likely, it would be more but we wouldn't give any less than that.
- 12. Can you tell me if you are going to provide waivers for EMTALA or any additional guidance in relation to EMTALA as it relates to the ET3 model?
 - a. That is a question that will be addressed directly with participants during the onboarding process. And so if you would like to submit the question via the ET3 model email you can do that. But again that is something that will be addressed specifically for participants during the onboarding process.
- 13. I had a question concerning the ET3 program and specifically will there be an opportunity to add additional alternative destination or qualified health practitioners that were not originally submitted as part of the application process? During the COVID-19 response with the waiver we are able to transport two different destinations now that may not have been part of our application process. And so is there going to be a formal process to add these additional partners?
 - a. Yes, there will be a process to add additional partners. And again the details of that will be provided in the participant onboarding activities following each signing of the participation agreement. So yes, there will definitely be a process provided to participants.
- 14. I'm asking about the current services that we're providing under the waiver and we're transporting patients to alternative destinations. Are we required for those particular scenarios to use the CR modifier?
 - a. The CR modifier is not required when billing for medically necessary emergency and non-emergency ground ambulance transports of beneficiaries to the expanded, allowable destinations during the Public Health Emergency for the COVID-19 pandemic.
- 15. For selected ET3 participants where the local rules allow for the delivery of an ET3 type model for treatment in place is there anything in the ET3 framework precluding from billing a referral from a non-911 source if they're made directly to an ambulance, proprietary ambulance company?
 - a. A most appropriate answer to that question is there are requirements that are specified in the participants participation agreement. So I would direct selected applicants to review the participation agreement. And once again as I stated additional information will be provided in the onboarding activities.
- 16. There's an upcoming deadline for ET3 partner list applications but there's no links and I don't see any documents in the portal. I'm just wondering what that is.
 - a. If you're having an issue accessing information on the portal definitely submit that question via the ET3 portal email. And there are systems in place to get you an answer to your question. So again, I would urge you to submit that question through the ET3 portal.
- 17. This question is for ET3. Will CMS be providing to the participating agencies a companion guide to share with our software billing companies and with our clearinghouse to make sure these claims can file appropriately and if so when do you think that will be released?

- a. Yes, there will be billing and payment guidance provided in the onboarding Webinar and other additional Webinars as well as there will be data submission requirements provided to participants. So again, all of that information will be available on the ET3 portal.
18. My question is in regard to the Ground Ambulance Data Collection System. We have three sites that were chosen for year one and we've only been able to track down one of those letters. Who would I contact to find out about getting the other two letters?
- i. Inquiries regarding the Medicare Ground Ambulance Data Collection System should be sent to: ambulancedatacollection@cms.hhs.gov. CMS will be providing updates on the Medicare Ground Ambulance Data Collection System soon. Please check our Ambulances Services Center webpage for updates and tools to assist with data collection: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center>.
1. My next question is we have several hospital ground ambulance and we're wondering if we need to submit data for those as well being those are reported on UB claim?
- a. A ground ambulance transport is defined in Section 5 of the Medicare Ground Ambulance Data Collection Instrument as “the use of a fully staffed and equipped ground ambulance responding to a request for service to provide a medically necessary transport (based on the rules relevant to the applicable payer)” which includes transports for Medicare beneficiaries billed on a UB-04 claim form.