

Centers for Medicare & Medicaid Services
Questions and Answers from
Open Door Forum:
Ambulance
December 9, 2021

1. How is success defined and what are the QA parameters for - how is success defined for ET3 and what are the QI parameters for ET3? Are you guys using meaningful measures? Are we looking at improved outcomes, patient satisfaction? Reduce operating costs?
 - a. The model aims of ET3 or to provide person-centered care to encourage appropriate utilization of services and to increase efficiency in the EMS system. We are currently developing quality measures for ET3 specifically, and we will be sharing more information with the model participants as we work towards finalizing those measures.
2. Wanted to inquire about the new authorization requirements for non-emergent transport. Does this new requirement apply to hospital-based ambulance services?
 - a. No, hospital-based ambulance providers are excluded from the prior authorization model.
3. I was looking at Section 5. I know that you guys address something about the paid transport definition, and as I'm flipping through that, this is obviously several hundred pages of information that we're expected to kind of go through. Are you guys planning on addressing anything more as far as revenue goes, not just the duration it takes to get paid and how much we're getting? Will you guys also be looking at the number of recruitments, not just recruitments, but the number of inappropriate recruitments or a breakdown by state, perhaps or the number of complaints against - that we have against various payers who are doing inappropriate recruitment against clean claims. The percentage of how this is affecting our cash flow when this hits audit or edits at the payer level. Anything like that?
 - a. All of the questions in Section 13 asked for revenue during your organization's data collection period. So, any kind of adjustment that would happen to the amounts you report for transport during the data collection period received by the time you report any kind of changes that happened after that would not be reflected in what you include in your submission. And there is no specific question on recruitments or any kind of count of cases that are claims and disputes. I will say that one question in Section 5 asks for the number of paid transports and that based on the definition, is a transport. That's where there's been payment in part or in full receipt. So that's a little of the sense as everything you billed for. What that doesn't include as a case where that the transports haven't paid it off. But a case where that transport is made would contribute to one of the questions in Section 5 where payment was denied or I guess first that amount would that not be reported, but that transport would also not contribute to that tally of pay transport.

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- i. I have a feeling there's going to be like a whole nuanced area that's going to get missed CMS. If we send additional data that reflects the sort of thing that essentially, I think a lot of us that live in the billing world see and kind of maybe got overlooked if it's submitted, will it be reviewed?
 - 1. Will the information submitted be reviewed?
 - a. Right, if it's not specifically asked for, but we provide it anyway, will it be reviewed?
 - i. As far as I understand, there is no question that what specifically get asked. I'm not sure where you'd even report it. It would contribute to - the transport you provide and then the transport you're paid for are both asked for the transport you bill for but are not paid for it. That's not a specific question in the instrument right now. I don't think there would be a place to report it.
- 4. My question pertains to the new final rule change dealing with Section 3 Question 4. This has to do with responding to your secondary service area, five or more responses during the collection period. We routinely respond to our secondary service area and then get turned around. So, we have no transport. So, I think you need to make a distinction between responding and transporting because it does cost us, you know, the cost associated with just responding.
 - a. I think the definition, even with the change that made to the CY 2022 PFS Final Rule, the intent is to ask about the area you serve. So that very well could be areas where you have responses that don't transport patients. Following the definition, in the revised question, you could certainly still report those ZIP Codes where you're serving those secondary service areas, but not transporting. You could certainly report that as part of your secondary service area.

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