

Centers for Medicare & Medicaid Services  
Ambulance  
Open Door Forum  
Moderator: Jill Darling  
March 7, 2018  
2:00 p.m. ET

Operator: Good afternoon. My name is (Amy) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Ambulance Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, please press star then the number one on your telephone keypad. If you would like to withdraw your question, you may press the pound key.

I would now like to turn the call over to Ms. Jill Darling. You may begin.

Jill Darling: Thanks, (Amy). Good morning and good afternoon everyone on this very snowy day here in Baltimore. Welcome to the Ambulance Open Door Forum. I'm Jill Darling in the CMS Office of Communications.

So before we get into today's agenda, just one brief announcement. This open door forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

I now hand the call over to our chair, Valerie Miller, for opening remarks and then she'll dive right into first agenda.

Valerie Miller: OK. Just want to reiterate what Jill said. Welcome everybody. Hopefully, you will find this call to be helpful. We have a few brief announcements, and as Jill said, we'll follow that by Q&As.

The first announcement is with regards to the Bipartisan Budget Act of 2018 that included three major ambulance provisions. The first one in Section 50203(a) is an extension of the ground ambulance add-on payments that were set to expire December 31st, 2017. They are now extended through December 31st, 2022.

As a reminder, the add-on payments were, one, a 3 percent increase in the base of mileage rates for ground ambulance transports that originate in rural areas; two, 2 percent increase in the base of mileage rate for ground ambulance transports that are originate in urban areas; and the third is a 22.6 percent increase in the base rate – I'm sorry, in the base rates for ground ambulance transports that originate in super rural areas.

The second provision in the Bipartisan Budget Act refers to a new requirement for reporting data to CMS pertaining to the cost and other information that ambulance providers and suppliers have to submit that only pertains to ground ambulance transports at this time.

So the requirement is for CMS to develop a data collection system to collect cost revenue, utilization and other information from providers and suppliers of ground ambulance services. Not later than December 31st, 2019, CMS must specify the data collection system and identify a representative sample of providers and suppliers require to submit information.

Beginning January 1st, 2022, if a ground ambulance provider or supplier is required to submit data and it did not submit – sufficiently submit that data, the ambulance fee schedule payments for that provider or supplier would be reduced by 10 percent. The law also requires a process to be established for providers and suppliers to request hardship exemptions in submitting data and an informal review process for payment reduction determinations. This part of the Bipartisan Budget Act is required to be implemented through rulemaking. So CMS will do future rulemaking for this provision, so stay tuned.

The third provision of the Bipartisan Budget Act pertaining to ambulance transports is Section 53108, reductions for non-emergency ESRD ambulance transports. This provision reduces ambulance fee schedule payments from a 10 percent to a reduction of 23 percent for non-emergency basic life support ambulance transports of ESRD patients to and from facilities providing ESRD services. This provision is effective for services furnished on or after October 1st, 2018.

Regarding the first provision that I mentioned, the extension of the add-on payments, instruction has already been provided to the Medicare Administrative Contractors and an updated fee schedule for 2018 is on CMS's website.

With regards to the third provision that I mentioned, the reduction for the non-emergency ESRD ambulance transports, there will be additional information regarding the implementation of that provision in future rule-making.

Thank you. Back to you, Jill.

Jill Darling: Thank you, Valerie. Next, we have (Jung Kim), who will go over the ambulance and HHA moratoria extension.

(Jung Kim): Thank you, Jill. I am providing a update to the moratorium on Medicare Part B non-emergency ground ambulance suppliers. On September 1st, 2017, CMS led the state-wide temporary moratorium on the enrollment of new Medicare Part B non-emergency ground ambulance suppliers in Texas.

This list was a result of a presidential disaster declaration signed on August 25th, 2017 for several counties in the state of Texas due to Hurricane Harvey. And as of January 29th, 2018, the moratorium was extended in New Jersey and Pennsylvania.

Back to you, Jill.

Jill Darling: All right. Thank you, (Jung) and thank you to Valerie.

So, (Amy), we will go into our Q&A, please.

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please go ahead and press star then the number one on your telephone keypad. If you would like to withdraw your question, you may press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for questions. If you require any further follow-up, you may again press star one to rejoin the queue.

Your first question today comes from the line of (Wendy Jaramillo). Your line is open.

(Wendy Jaramillo): Yes. I was just wondering if you could give us the website where we could go to get the information from today's topic and stuff because I don't have a slideshow or anything so I just wanted to be able to get some information to download.

Valerie Miller: So we don't have the specific information that we're discussing at today's meeting, the three provisions in the Bipartisan Budget Act of 2018, on our website, but there is a CMS website that gives a general overview of all of the extenders in the Bipartisan Budget Act of 2018. If you provide your e-mail address to Jill, we can forward a link to that website to you.

(Wendy Jaramillo): OK.

Valerie Miller: OK. Otherwise, you can send it – Jill, we can provide that information ...

Jill Darling: Yes. So just – you can send an e-mail. We have an ODF ambulance e-mail address. It's AmbulanceODF, all one word, @cms.hhs.gov.

(Wendy Jaramillo): OK.

Valerie Miller: And otherwise you can go to the Ambulance Fee Schedule website on CMS's web page and that will give you information about the ambulance fee schedule in general as well as a link to the Ambulance Fee Schedule file.

(Wendy Jaramillo): OK. Thank you very much.

Operator: Your next question comes from the line of (Caroline Henson) of the National Government. Your line is open.

(Caroline Henson): Hi. My question was, do you have the (C.R.) that that information was in the change request so we can look at it from that way, we wouldn't need that download of that other website you're talking about?

Valerie Miller: Hi. This is Valerie. Yes, the information can provide – be provided to the MACs only. It's a confidential (C.R.)

(Caroline Henson): Thank you.

Operator: And again ladies and gentlemen, if you would like to ask a question, please go ahead and press star then the number one on your telephone keypad.

Your next question comes from the line of Nancy Crenshaw of Ambulance Pro. Your line is open.

Nancy Crenshaw: Hello. My question is in regards to the rollout of the new Medicare ID numbers in phasing out socials with the letter A. Will Medicare or the MACs, do you know, provide like a cross walk? So during this transition, if we are still presented with the old Medicare cards and numbers, will there be a way on the website to go in and look at that beneficiary and find out what the new beneficiary ID is based on the old Medicare number we have?

Jill Darling: Hi. Unfortunately, there's no one here that has been working on the new Medicare card, however, if you go to [cms.gov/newcard](https://www.cms.gov/newcard), hopefully that can provide you some information. There are certain e-mail address where you could send it into your question. Thank you.

Operator: Your next question comes from the line of (Britney Tomchesson) of St. Christina EMS. Your line is open.

(Britney Tomchesson): Yes, ma'am. My question is regards into the rate increase that's, I believe, you said it is (inductive), is that in 2018? I just want to get the exact date that this goes into effect.

Valerie Miller: Are you referring to the add-on payments?

(Britney Tomchesson): Yes.

Valerie Miller: The extension of the – OK. Yes, that would be effective January 1, 2018. That provision just extended the expiration date from December 31st, 2017 to December 31st, 2022.

(Britney Tomchesson): OK. Thank you very much.

Operator: Your next question comes from the line of Michael Massiwer of MJ Simon and Company. Your line is open.

Michael Massiwer: Hi. I was wondering if there was any update on the prior authorization of repetitive scheduled non-emergent ambulance transport and if the evaluation release had changed the expiration date at all?

Angela Gaston: Hi. This is Angela Gaston with the Prior Auth. team. I assume you are referring to the national extension or just the model that's in the nine-state?

Michael Massiwer: Yes, either on extension of the nine-state model or an – or a national extension.

Angela Gaston: OK. As of right now – OK.

Michael Massiwer: Yes, go ahead. Sorry.

Angela Gaston: I'll go to both. As of right now, you know, the model is currently operational in the nine-state and that's set to end right now as December 1st, 2018. So there's no – been no updates to that.

As for the national extension, CMS is still exploring to determine if all requirements specified in MACRA, the Medicare Access and CHIP Reauthorization Act, if all these requirements have been met. So no decisions have been made on either one.

Michael Massiwer: Thank you.

Operator: Your next question comes from the line of (Doug Jones) of Priority Care.  
Your line is open.

(Doug Jones): Hello. Another question about prior auth that are in selected cities or selected states, has this process or the results of prior auth been scored by OMB? If yes, what might the results have be if we have those? If not, you know, why not and do you plan to have OMB score, the success of that program?

Angela Gaston: So last month, CMS released the first interim evaluation report of the model and that was done by the independent evaluation contractor, Mathematica. And that is up on our ambulance prior authorization website. If you go down towards the bottom, there's a related link section and there's a link there to the report.

So that's where we are with that. And our Office of the Actuary is, I believe, will do a score. I'm not sure about OMB but we haven't gotten far yet. The evaluation report was just released last month.

(Doug Jones): OK.

Operator: And your next question comes from the line of Alan Guggenheim of Sensible EMS. Your line is open.

Alan Guggenheim: Yes. Did you give any instructions or recommendations to the MACs regarding the catch-up payment or claims from January 1st until now and do you know when we can expect that catch-up payment?

Valerie Miller: MACs have received instructions, and as I mentioned, right now, those instructions have not been released to the general public, but you can contact your MAC for further information.

Operator: Your next question comes from the line of Nancy Crenshaw of Ambulance Pro. Your line is open.

Nancy Crenshaw: Yes. In a previous call before, you have provided an e-mail for prior authorization questions and I'm glad to know that there is somebody from that program on the call today with us.

So my first question is, can you please repeat that e-mail because we have several patients that have come under Palmetto GBA and non-affirmations that had been previously affirmed since 2014 – I mean since the very beginning of this program in December of 2014, that all of a sudden we're struggling on getting this information even though the patients had either declined, gotten worse, gotten more amputations and we're sending all the documentation that we have and potentially can, but yet we're still getting non-affirmation?

So I wanted to send a test case over to someone to review, to maybe give me some pointers on what is exactly wrong with this documentation when it's been affirmed previously.

And the second question I had, plus, the e-mail questions, is I had a director asked me does the Medicare at the federal level, hey, the MAC for each clinical review, they do on prior authorization? Or how does that work? Do they get reimbursement for every chart they review or anything like that? Because I couldn't answer his questions because he's just trying to figure out why we're getting so many non-affirmed mail where we used to get affirmations and then, you know, go on to the next 60 days.

Angela Gaston: OK. This is Angela Gaston again. To your first question, I've got the e-mail for you. It's ambulancepa – all one word, [ambulancepa@cms.hhs.gov](mailto:ambulancepa@cms.hhs.gov). We asked that you not send any, you know, beneficiary personal information, but you can send just the UTN number and we can look up all the records through that and we'd be happy to take a look.

As for your second question, I am not sure I have the answer right now, but we can take a look into that and respond back to you through e-mail.

Nancy Crenshaw: OK. Thank you – yes. I can send the test case with redacted patient information because obviously I don't – I mean I have old UTNs. I don't have



a current UTN for the particular patients I'm speaking of, but I can send you a redacted chart.

Angela Gaston: All right. That sounds like how it would work.

Nancy Crenshaw: Thank you.

Operator: And again if you'd like to ask a question, please go ahead and press star then the number one on your telephone keypad.

Your next question comes from the line of (Britney Tomchesson) of St. Christina EMS. Your line is open.

(Britney Tomchesson): Yes. My question is regards to consolidated billing and it's affecting our – it's affecting the ambulance part because anybody that's still in a Part A stay, the claims are automatically denying if they're needing ambulance transport to, you know, dialysis, to the hospital. And I just want to know if CMS is going to step in or if they had any information as to how long this would last? Apparently, they're aware of the situation and it's best to be rectified but we're not really sure what to do as far as submitting claims or how long it's going to take for the system to fix.

Valerie Miller: Can you please send us that question through the mailbox? We don't have the person here today who deals with the consolidated billing issues. I'm assuming you're referring to a patient who is in a SNF stay?

(Britney Tomchesson): Yes, ma'am. Yes, ma'am, I do.

Valerie Miller: OK. Yes. So if you submit your question to the Ambulance Open Door forum mailbox, we will have the person who works on that policy address it. Thank you.

(Britney Tomchesson): Thank you.

Operator: And at this time, there are no further questions in queue. I'll turn the call back over to the presenters.

Jill Darling: Hi everyone. It's Jill Darling. So thanks everyone for your questions and listening in and we look forward to hearing from you to – I'm sorry, for the next Ambulance Open Door Forum. So thanks, everyone. Have a great day.

Operator: Thank you for participating in today's Ambulance Open Door Forum Conference Call. This call will be available for replay beginning March 7th, 2018 at 5:00 p.m. Eastern until March 12th at midnight. The conference ID number for the replay is 31612304. The number to dial for the replay is 855-859-2056.

This concludes today's conference call. You may now disconnect.

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