

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12829	Date: September 6, 2024
	Change Request 13711

SUBJECT: Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT) Prior Authorization (PA) Model Operational Changes Regarding Expedited Requests and Review Timeframes

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) and the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB-SMAC) to remove the option to request an expedited PA review and to change the PA review timeframe from 10 business days to seven (7) calendar days under the RSNAT PA Model.

EFFECTIVE DATE: January 9, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 9, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to instruct the A/B Medicare Administrative Contractors (MACs) and the Railroad Retirement Board Specialty Medicare Administrative Contractor (RRB-SMAC) to remove the option to request an expedited PA review and to change the PA review timeframe from 10 business days to seven (7) calendar days under the RSNAT PA Model.

CMS began operating the Medicare Fee-for-Service (FFS) RSNAT PA Model in New Jersey, Pennsylvania, and South Carolina on December 1, 2014, under the authority of Section 1115A of the Act. The model tested whether PA of RSNAT services covered under Medicare Part B lowered program spending, while maintaining or improving the quality of care. Section 515(a) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) added Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia to the model on January 1, 2016.

Section 515(b) of MACRA added paragraph (16) to section 1834(l) of the Social Security Act (the Act), which required that, beginning January 1, 2017, the Secretary expand the model nationally to all states, if an expansion meets the statutory requirements for expansion of Innovation Center models described in paragraphs (1) through (3) of section 1115A(c) of the Act. After determining that the model met all statutory criteria for expansion, CMS began expanding the model through multiple phases on December 1, 2021. The model became fully operational nationwide on August 1, 2022, as the final expansion phase was implemented.

The RSNAT PA Model currently has two types of PA review timeframes - standard and expedited. For standard reviews, the MAC makes every effort to review and postmark the notification of their decision to the ambulance supplier and the beneficiary within 10 business days. Requestors have the option to request an expedited PA review when the standard timeframe for making the decision could seriously jeopardize the life or health of the beneficiary. If the MAC agrees that the standard review timeframe would put the beneficiary at risk, the MAC makes reasonable effort to communicate a decision within two (2) business days of receipt of all applicable Medicare required documentation. As the model is for non-emergent services, CMS has always expected requests for expedited reviews to be extremely rare.

With this CR, CMS is making the following changes to the RSNAT PA Model:

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	provider portal screens.									
13711.2.2	The contractor shall update all applicable educational materials on the removal of the expedited review option.		X							RRB-SMAC
13711.2.3	The contractor shall conduct provider education on the removal of the expedited review option.		X							RRB-SMAC

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13711.3	CR as Provider Education: MACs shall use the content in the CR to develop relevant education material. Provide a link to the entire instruction in the education content. You can also supplement with local information that would help your provider community bill and administer the Medicare Program correctly.		X			

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information:N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

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ATTACHMENTS: 0