

Centers for Medicare and Medicaid Services
Ambulance Open Door Forum
September 14, 2017
2:00 p.m. ET
Moderator: Jill Darling

OPERATOR: Good afternoon. My name is (Shawn) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and 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 your question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Thank you.

Jill Darling, you may begin.

Jill Darling: Thank you, (Shawn). Good morning and good afternoon, everyone. Thank you for joining us today for the Ambulance Open Door Forum. I'm Jill Darling in the CMS Office of Communications.

Before we get into today's agenda, I have 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 us at press@cms.hhs.gov.

So, first, we have Amy Gruber, who has updates to the Medicare Benefit Policy Manual.

Amy Gruber: Thank you, Jill. We welcome the callers for today's Ambulance Open Door Forum and hope that your summers were enjoyable. Our hearts are with those

in areas affected by the recent hurricanes. CMS has FAQs on its website regarding coverage and payment for ambulance transports in areas designated by the Secretary as a public health emergency and where waiver under Section 1135 of the Social Security Act applies. The website is <https://www.cms.gov/About-CMS/Agency-Information/Emergency/downloads/MedicareFFS-EmergencyQsAs1135Waiver.pdf>. For additional information, ambulance providers and suppliers in Texas should contact CMS's Dallas Regional Office, and those in Florida should contact CMS's Atlanta Regional Office. In addition, they may contact their MAC. And e-mail addresses for the regional offices are included in the FAQs.

And now, I will go into our first announcement, which is, as Jill stated, regarding updates to the Medicare Benefit Policy Manual. On June 16, 2017, CMS released Transmittal 236 Change Request 10110 providing clarifications to Chapter 10, Section 10.3.5, which is Locality Section, and Section 30.1.1, which is a Ground Ambulance Services Section of the Medicare Benefit Policy Manual; and MLN Matters Article MM10110 was also released. The effective and implementation date is September 18th, 2017. This transmittal provides clarifications on the definitions for locality and ground ambulance services for ALS assessment. CMS is revising this manual to clarify that the MACs have the discretion to define locality in their service areas. CMS also revising the manual to clarify that if an ALS assessment is performed, the services shall be covered at the ALS emergency level if medically necessary and all other coverage requirements are met.

Thank you, Jill.

Jill Darling: All right. Thanks, Amy. Up next, we have (Teira Canty), who has an update to the Medicare Claims Processing Manual.

(Teira Canty): Hi. On 9/1/2017, CR 10234 updated the instructions in Section 30.1.2, Coding Instructions for Paper and Electronic Claims Form. That section was updated to restore the multiple patients on one trip instructions. The CR was issued on 9/1/17 and contains no policy changes. Thank you.

Jill Darling: All right. Thanks, (Teira). And Amy has another announcement on the expiration of temporary add-on payments for urban, rural, and super rural ground ambulance services.

Amy Gruber: Thank you, Jill. The three temporary add-on payments have been extended several times with the most recent citation at Section 203(a) and 203(b) of the Medicare Access and CHIP Reauthorization Act, abbreviated MACRA of 2015. The payment provisions include a 3 percent increase to the base and mileage rate for ground ambulance transports that originate in rural areas; a 2 percent increase to the base and mileage rate for ground ambulance transports that originate in urban areas; and a 22.6 percent increase in the base rate for ground ambulance services that originate in super rural areas. The three temporary add-on payments are effective through December 31, 2017. So without any legislative actions, these three temporary add-on payments will expire at that time. Thank you, Jill.

Jill Darling: Thank you, Amy, and to (Teira). And (Shawn) will open the lines now for Q&A please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you'd like to withdraw your question, please 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 press star one again to rejoin the queue.

You're first question comes the line of Beth Stout with WhidbeyHealth. Your line is now open.

Beth Stout: Hi, I wanted to clarify some more about locality. So we, at our hospital, we're the only ambulance service on our island, and we're still trying to understand what locality means, what it means to our patients, and what it means to us when we have patients that need to go off Whidbey Island to somewhere else. Can anybody help me understand locality?

Amy Gruber: The MACs have – this is Amy. The MACs have discretion with defining localities and their areas. So we would suggest that you contact your MAC for further information.

Beth Stout: OK. And if they were to have that discretion, help me understand this, does this – just because you may be able to help me with this, does this mean, for instance, if my locality is expanded maybe to a couple other counties that are out of our area, that would mean that those patients, when we transfer them, could go to any of those areas? Is that correct?

Amy Gruber: I would defer to the MACs.

Beth Stout: OK, so you're not going to be able to answer any of that.

Amy Gruber: The MACs.

Beth Stout: OK, I'm going to the MACs. OK, thank you.

Amy Gruber: Thank you.

Operator: And, again, if you have questions, star then one on your telephone keypad.

And there are no further questions. I turn the call back to the presenters.

Oh, pardon the interruption, we do have a question from the line of (Courtney Pelp) with (Ambulance Pro Consults). Your line is now open.

(Courtney Pelp): Yes. I would like clarification on the changes to the ALS portion of the Section 10 guidelines. So, as of June 2017, up to that point, we were all under the impression that in order to bill an ALS rate, the factors involved were obviously the dispatch nature is one of the ALS type person needs to be on the call based on your dispatch system. Number two, ALS personnel must be on board. Number three, an ALS assessment must be performed and one ALS procedure. But from what I heard with the (PWW Seminar) this week and what you've said today, it could be and/or ALS assessment or an ALS procedure, not necessarily both. Is that accurate?

Amy Gruber: As we stated in the Medicare Benefit Policy Manual, in the case of an appropriately dispatched ALS emergency services, if the ALS crew completes an ALS assessment, the services provided by the ambulance transportation service provider supplier shall be covered at the ALS emergency level regardless of whether the patient required an ALS intervention services during the transport, provided that the ambulance transportation itself was (medically reasonable and necessary.

(Courtney Pelp): Wonderful. That's how I understood it, and I'm glad you clarified that for me. Thank you very much.

Amy Gruber: You're welcome.

Operator: And you do have another question from the line of (Janet Dozier). And (Janet Dozier) comes from (Procare). Your line is now open.

(Janet Dozier): Thank you. I have a question about downgrading from an ALS to a BLS transport. Granted; given the, that the transport was dispatched appropriately and it was ALS assessment performed on an emergency transport, when would it OK to downgrade that to a BLS?

Amy Gruber: This is Amy. We would suggest that you contact your MAC regarding this inquiry.

(Janet Dozier): OK, thank you.

Operator: And your next question comes from the line of Kim Tast with North Memorial. Your line is now open.

Kim Tast: Yes, thank you. That question I know somebody asked about the locality in the first question is on there. And it seems to me that the problem is what the MACs determine to the locality, and we're hoping that CMS would take a position of, this is the policy the MAC follows the policy because as it will stand now, each MAC will do it individually different.

Amy Gruber: This is Amy. So you are having an issue with your MAC regarding their definition of locality areas?

Kim Tast: Well, they won't give you an answer what it is; and some will and some won't. That's the problem with it. So that if there was position that CMS would take that says this is – these things meet the locality then the MAC has to follow it, then we're doing it consistently across the board.

Amy Gruber: Would you mind sending me some examples of your issues. My e-mail address is Amy.Gruber@cms.hhs.gov.

Kim Tast: OK, thank you.

Amy Gruber: You're welcome.

Operator: Your next question comes from the line of Brenda McAdams with Intermedix. Your line is open.

Brenda McAdams: Yes. Can you hear me?

Amy Gruber: Yes, we can.

Brenda McAdams: OK, perfect. My question – actually I had two. The first one was again on locality. So, if I'm understanding it, the MACs can determine whether a current locality that is rural or super rural, they could redefine that as urban or downgraded in its rural status based on their discretion. Is that correct?

Amy Gruber: They can define the localities in their area. We have out on our website public use file that identifies each ZIP codes, whether they're urban, rural, and super rural.

Brenda McAdams: Great. So that will not be definable, right? That's going to stand – if you define it as super rural ...

(Crosstalk)

Amy Gruber: Really, I believe it's really to determine the nearest appropriate facility.

Brenda McAdams: Perfect. OK, that was our concern, that they would be able to downgrade that from a super rural. So, my second question was on the add-on payment

and I know they are set to fire in December if action isn't taken. Do you have any idea if there's plan on action taken or if you all do plan to let it expire? Or is there any insight to that? We're just trying to, you know, going to the next budget year and help define budget expectation, and that could have a significant impact on our super rural agencies.

Amy Gruber: We understand your concern. CMS is aware of some legislative discussions about this provision.

Brenda McAdams: OK, so there could be further discussion on this then?

Amy Gruber: There is legislative discussion that we are aware of.

Brenda McAdams: Perfect. OK, all right. Well, thank you.

Amy Gruber: You're welcome.

Operator: Your next question comes from the line of Maggie Adams with EMS Financial Services. Your line now open.

Maggie Adams: Thank you. Good afternoon, everyone. My question has to do with the locality rural since this has such a far reaching impact. Is there a requirement for the MACs to put this in writing to define what their positions are? And is that date September 18th by which they would have to do so?

Amy Gruber: The date that I am – that provided was regarding with the CR and we just added a statement or clarifying that the MACs have the discretion in defining their locality and their service area. They have posted their local coverage determinations. I'm not aware of any that – we're not aware of any procedure that they have to provide us with their definitions.

Maggie Adams: All right, thank you.

Operator: Your next question comes from the line of (Suzie Keller) with (Geiler Regional Health). Your line is open.

(Suzie Keller): Hi, my question is about modifier. According to the 2017 HCSPCS, the QN Modifier is to be listed first. But we are having claims denied asking that it be listed second after the destination code modifier.

Amy Gruber: Can you please submit your question, your inquiry in writing to us, please? My e-mail is amy.gruber@cms.hhs.gov. And also, please provide us which MACs.

(Suzie Keller): OK. I will do that. Thank you very much.

Operator: And your next question comes from the line of (Ashley Ruiz) with Apollo MedFlight. Your line is now open.

(Ashley Ruiz): Hi, I was just needing to know, it sounds like a lot of this is all for just ground ambulance. And I was wondering if this is going to affect any air transportation?

Amy Gruber: The CR that I spoke about, it was just for ground. It does not affect air ambulance services.

(Ashley Ruiz): OK. So there's not going to be any changes to anything that we're going to be billing?

Amy Gruber: You will be billing just for air ambulance services?

(Ashley Ruiz): We do for the air transportation and some ambulance from like the hospital to the airport.

Amy Gruber: So from the hospital to the airport, so (not fully) to the airport. So you do also provide ground ambulance services or just air? If it's just air, the CR is not applicable to air, air ambulance.

(Ashley Ruiz): OK. We do both. And how do I get in contact with our MAC? How do you I find that?

Amy Gruber: How do you find that? Why don't you send me an e-mail and I can direct you to the appropriate MAC? Once again my e-mail address is amy.gruber@cms.hhs.gov.

(Ashley Ruiz): OK, perfect. Thank you.

Jill Darling: (Shawn), are there any further questions?

Operator: Yes. Again, if you have a question, star then one on your telephone keypad. Your next question comes from the line of (Lisa Melbestat) with (Golden Hour). Your line open.

(Lisa Melbestat): Hello. Again, this is on the topic of locality, so just to be absolutely clear. The previous caller wondered or inquired if this would affect air transport you mentioned the previous CR. So, I'm assuming that you were referring to the ALS assessment. But with regards to locality, are you indicating that locality is only appropriate for ground ambulance transports? It does not apply to air ambulance transports.

Amy Gruber: This is Amy. I'm sorry. Let me clarify. Locality is both ground and air, and the change for the ALS would be just their ground ambulance services.

(Lisa Melbestat): OK, perfect.

Amy Gruber: Sorry for that.

(Lisa Melbestat): Thank you. No, that's OK. That's OK. My next question now is really more of a comment that it is a question; again, with regard to locality. And I empathize with the caller from North Memorial and any other callers out there that are struggling with their MACs to define what locality means. There is brief description about locality, and Mr. A, being transported from his community in a very small hospital to one or other of the larger metropolitan hospital, et cetera. A lot of locality throughout the country really seems to be based on market share as well and especially whether there's market share research.

So in the event that the MACs do not issue local coverage determinations on what they define as locality and what would be appropriate for reimbursement or disclosing miles loaded beyond the closes to appropriate facility for non-coverage, would be appeal rights still be in effect we disagree with a MAC that does not define via an LCD what locality is? Are we still able to follow the appeal process if we challenge that? Because the definition at it is right now with CMS is so vague. And I think that's why for instance the caller from North Memorial were looking to CMS policymakers to may be better define it, maybe still allowing MACs to further, you know, create there own LCDs, but really identifying it so that we can get some consistency throughout the industry and not being put into a position where later on we may need to self-disclose, you know, where we feel that locality is appropriate and potentially doesn't fit the MACs perception of it.

Amy Gruber: Thank you for your comment. Will you please submit that in writing to us, and I can forward that over to the area that's responsible for overseeing the MAC's operations?

(Lisa Melbestat): Sure.

Amy Gruber: And once again my e-mail is amy.gruber@cms.hhs.gov.

(Lisa Melbestat): Great. Thank you.

Operator: Your next question comes from the line of (Courtney Pelp), (Ambulance (Pro Consults)). Your line is now open.

(Courtney Pelp): Yes, I was not going to initially ask it, but since we do have a little bit more time, is there any update on the prior authorization model going nationwide? Is there any new news on that event?

Jill Darling: Hello. This is Jill Darling. The prior auth folks were not able to join today's call. But I do have an e-mail that you can send any questions or comments to them. It's ambulancePA@cms.hhs.gov.

(Off-Mic)

(Courtney Pelp): (GOV, I believe).

Jill Darling: AmbulancePA@cms.hhs.gov.

(Courtney Pelp): Yes, ma'am. I got it. Thank you.

Jill Darling. OK, you're welcome.

Operator: You're next question comes from the line of (Tiante Nash) with (Mercy Hospital). Your line is now open.

(Tiante Nash): Hi, good afternoon, everybody. I have two questions. First question, when you were doing the percentage rates (since it's due to) going to effect, can you give me the super rural increase again?

Amy Gruber: Sure. There's a 2 percent increase in the base in mileage rate for ground ambulance transports that originate – excuse me, 3 percent for the rural areas, 22.6 percent increase in the base rate for ground ambulance transports that originate in super rural areas.

(Tiante Nash): Amy, can you give me the correct spelling of your name for the e-mail address?

Amy Gruber: Sure. It's A-M-Y dot Gruber, that's G-R-U-B as in boy-E-R at cms.hhs.gov.

(Tiante Nash): Thank you so much. That's all I have, guys.

Operator: Your next question comes from the line (Angel Anderson) with (Southside EMS). Your line is now open.

(Angel Anderson): Good afternoon, everybody. Thank you. I just have a question since we have some time on the ALS assessment and what the requirement or the max allowed is for those transports in a day?

Amy Gruber: I'm sorry, can repeat your question?

(Angel Anderson): Yes. So, on a transport that has ALS assessment. What is the max allowed for the CMS for a day transport? So, for instance, if you have one that has gone from three different scenes to the hospital in that (date/time).

Amy Gruber: Do you mind sending me an e-mail with specifics?

(Angel Anderson): Absolutely ...

(Crosstalk)

Amy Gruber: Regarding your case.

(Angel Anderson): Yes, ma'am. I have a great one for you. I'll get that out to you this afternoon. Thank you.

Operator: Your next question comes from the line of Camilla Ackerson with Guardian Angel Ambulance. Your line is now open.

Camilla Ackerson: Hi, I just wanted to express my thoughts also. I feel that the people who are saying that greater detail listed by you guys would help the providers with the MACs. And also, I've had to let many advantage plans now that they have to cover the same services as a fee-for-service product, and when things are detailed in the policy manual. It's easier for us to take back to those folks as well.

For instance, I had a hospice situation just going about details that when I was doing a prior auth for the dialysis patient, they've stated that the hospice patient would be covered by the hospice and not by Medicare due to not like the reasoning being that why the patient was on hospice. So, has this all been, I think, written out in more detail, that type of situation as well? It would be easier for us to know how we're supposed to handle things, and then everyone else would be on the same page as well.

So, back to my hospice question, which would be – like I thought if a patient was going from non-hospice related service such as dialysis and the patient may be on hospice due to cancer, who would be responsible for that type of transport because, you know, I got a denial for Medicare. The hospice did

pay. But I was always under the impression that if it was non-hospice related, then, you know, Medicare would cover it.

Amy Gruber: Have you spoken to your MAC regarding this issue?

Camilla Ackerson: I did not. Because the determination came from, you know, Medicare also, you know. So, OK, I'll start there and then come back to you, guys, if I have issues.

Amy Gruber: OK, thank you.

Camilla Ackerson: Thank you.

Operator: Your next question comes from the line of (Katherine Keith) with (Piedmont Medical). Your line is now open.

(Katherine Keith): My question was answered. So thank you.

Operator: And your next question comes from the line (Tiara Deir) with (Mercy Hospital). Your line is now open.

(Tiara Deir): Hello. I'm sorry I don't really have a question. I wanted to offer my input on what the previous person – her question about the hospice and where it's supposed to be billed and how to determine who's liable. In my experience it depends on where they're going. If they're coming from the hospice, then the hospice is responsible. But if they're coming from the hospital then the insurance is liable. It depends on the reason why they were being transported. And that's all.

Operator: And your final question comes from the line of (Julia Robertson) with (Whitman Enterprises). Your line is now open.

(Julia Robertson): Good morning. Thanks for taking my call. We have incidences where the Medicare replacement plans, Advantage Plans, are denying saying that the patient is on hospice. However, the hospice effective date does not fall within the date of service. And I'm just trying to find out what kind of (inaudible) we

have with those Medicare Advantage Plans because the hospice may not have become effective until June 15th, and our date of service was on June 1st.

Amy Gruber: I cannot address your Medicare Advantage (own) question. But if you could send me an e-mail, I can forward it; that to our contact person that deals with them, ambulance issues in Medicare, for the Medicare Advantage group, and that is (Marty Abeln). And also if you could send me an e-mail I can send your inquiry over to him.

(Julia Robertson): Is this Amy Gruber?

Amy Gruber: Yes, it is.

(Julia Robertson): OK, amygruber@ ...

Amy Gruber: Amy.gruber@cms.hhs.gov.

(Julia Robertson): ... @cms ...

Amy Gruber: Dot hhs ...

(Julia Robertson):hhs.gov.

Amy Gruber: Yes.

(Julia Robertson): Great. Thank you, Amy and (Shawn).

Operator: And there are no further questions in queue. I turn the call back to the presenters.

Jill Darling: All right. Well, thank you, everyone, for joining today's Ambulance Open Door Forum. A lot of great questions that you all will get some answer back after Amy forwarding everything to those folks. So we do appreciate your patience as always. And we thank you and have a wonderful day.

Operator: Thank you for participating in today's Ambulance Open Door Forum Conference Call. This call will be available for replay beginning today at 5:00

p.m. Eastern through September 18th at midnight. The conference I.D. for the replay is 61073419. The number to dial in for the replay is 855-859-2056.

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

END