

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

Operator: Good afternoon. My name is (Kim) 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, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Kim). Good morning and good afternoon, everyone, and thank you for joining us today for the Ambulance Open Door Forum. I'm Jill Darling in the CMS Office of Communications, and we greatly appreciate your patience, waiting for the call to begin. As always we do have a number of folks that dialed in last minute, so we're trying to get as many folks as in as possible.

So one brief announcement from me and then I'll hand it off to our chair. 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](mailto:press@cms.hhs.gov).

And I will hand it off to our chair, Valerie Miller.

Valerie Miller: Good afternoon. I'm Valerie Miller, the Director of the Division of Ambulatory Services in CMS's Center for Medicare. Welcome to the Ambulance Open Door Forum. This is the last open door forum for the calendar year for ambulance issues. And we definitely will be resuming these calls again in the New Year. We hope you have found the calls to be informative, and we welcome any comments you have regarding the call. And, again, welcome and also we wish you happy holidays, and I'll turn the call back over to Jill.

Jill Darling: All right, thanks, Valerie. Up first, we have Amy Gruber, who has a few announcements for you. The first one is in the CR 10323 Ambulance Inflation Factor for 2018 and Productivity Adjustment.

Amy Gruber: Hi, this is Amy Gruber. I'm a health insurance specialist in Valerie's division. I have three announcements for you today. The first one is regarding ambulance inflation factor for calendar year 2018 and productivity year adjustment. And so, on October 27, 2017, CMS released Transmittal 3893, Change Request 10323 to manualize the AIF for calendar year 2018 in Chapter 15, Section 20.4 of the Medicare Claims Processing Manual so that Medicare contractors can accurately determine payment amounts for ambulance services.

An MLN Matters Article MM 10323 was also released. The effective date of the CR is January 1st, 2018, and implementation date is January 2nd, 2018. The AIF, the AFS base rates and mileage base rates are updated annually by an Ambulance Inflation Factor, which is the Consumer price index for all urban consumers, abbreviated CPI-U, June – over June of the previous year, reduced by multifactor productivity, which is MFP.

The CPI-U is reported by the U.S. Labor Statistics, and the MFP is determined by CMS's Office of the Actuary. The MFP for calendar year 2018 is 0.5 percent, and a CPI-U for 2018 is 1.6 percent. And so according to the Affordable Care Act Section 3401, the CPI-U is reduced by the MFP even if this reduction results in a negative AIF update. Therefore, the AIF for calendar year 2018 is 1.1 percent.

The next announcement I have is regarding the expiration of the temporary add-on payments for urban, rural, and super rural ground ambulance services. The three temporary add-on payments, they have been extended several times with the most recent citation at Section 203 (a) and (b) of the Medicare Access and CHIP Reauthorization Act which is the MACRA of 2015. Payment provisions include a 3 percent increase to the base and mileage rate for ground ambulance transport 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 22.6 percent increase in a base rate for ground ambulance transports that originate in super rural areas. The three temporary add-on payments are effective through December 31st, 2017. CMS is aware of some legislation – some legislative discussions about this provision.

And the last announcement that I'm going to make is regarding the calendar year 2018 ambulance fee schedule public use file. Eric Coulson is not available today, so I'm providing this announcement. The 2018 ambulance fee schedule rates have been posted to the CMS website under the Ambulances Services Center public use files. As I mentioned previously, the three temporary add-on payments will expire on December 31st, 2017, and therefore are not included in the calculation for the calendar year 2018 AFS data file. Please note that this file is for informational purposes only and that you should – please contact your local MAC for official pricing information.

Some of you may have noticed last week that the first version of the 2018 fee schedule file that went up on the website contains some column heading errors. Those have been fixed. And the file that is here today should reflect the correct column headings; hence the updated 12/07/17 notation in the web link for the zipped file. Thank you.

Jill Darling: All right, thank you, Amy. And next we have Angela Gaston who has an update on the Prior Authorization Model for Repetitive Scheduled Non-Emergent Ambulance.

Angela Gaston: Thank you, Jill. My name is Angela Gaston, and I'm with the Ambulance Prior Authorization team. As you're probably aware, we have a prior

authorization model for repetitive scheduled non-emergent ambulance transport in nine states -- Delaware, D.C., Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia. The model was originally scheduled to end on December 1st, 2017, but was recently extended in those current nine states for one additional year to allow for further evaluation. The model is now scheduled to end in all states on December 1st, 2018.

If you're garaged in one of those states, we have the following two additional updates regarding the extension. And all this information can also be found on your MAC's website. First, the extension technically began on December 5th, 2017. So any repetitive scheduled non-emergent ambulance transport claim with dates of service of December 2nd, December 3rd, or December 4th will not be stopped for prepayment review, even if prior authorization is -- even if prior authorization is not requested. However, you may request prior authorization for these dates of service and include the UTN on the claim as you have been doing in the past.

Second, we developed a streamlined process for adjusting previously affirmed prior authorization request for periods that would have ended after December 1st, but Medicare revised the end date on your prior authorization request to December 1st. You still need to submit some basic information on the beneficiary including that affirmed UTN. But no medical documentation will be required with the submission. You can check your MAC's website for more detailed information on how to submit these special adjustment requests. But please note the program conditions of the 60-day transport period and maximum of 80 transports will still apply.

Those are all of our updates on the prior authorization model. We'll stay on the line for questions at the end of today's call. And you can always submit questions anytime to our mailbox. It's [AmbulancePA@cms.hhs.gov](mailto:AmbulancePA@cms.hhs.gov).

Jill Darling: All right. Thank you, Angela and to Amy. So, (Kim), we'll go into our Q&A please.

Operator: Thank you. As a reminder ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key. Please limit your question 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.

And your first question comes from the line of Karen Late with Simon & Co. Your line is open.

Karen Late, your line is open.

Karen Late: Sorry, here I am. We were wondering, Angela, you probably know I'm going to ask the status of the report that Mathematica was doing on the prior authorization demo?

Angela Gaston: Yes, we expect that to be released some time in the first part of 2018. We don't have an exact date yet.

Karen Late: OK. Thank you very much.

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

And your next question comes from the line of (Jane Burns) with Georgia MedPort. Your line is open.

(Jane Burns): Yes, I was wondering; if the authorization model was ever going to be extended into the state of Georgia?

Angela Gaston: We are still evaluating whether the model meets the requirement specified in MACRA (to expand) nationwide. So, we don't have any answer for that one.

(Jane Burns): OK, thank you.

Operator: And your next question comes from the line of (Heather Shire) with Ambulance Associates. Your line is open.

(Heather Shire): Hello. I was curious to know if the moratorium on new providers was going to be extended because it is set to expire at the end of this year.

Jill Darling: Hi, this is Jill Darling. If you have the agenda in front of you, we have a new e-mail address. For questions, it's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov). Unfortunately, we don't have that person in the room with us to help with questions. So, please e-mail that e-mail address and we will forward it along for you.

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

And there are no further questions at this time.

Pardon me, we do have a question from (Patricia Webber) with Suburban EMS. Your line is open.

(Patricia Webber): Yes, Angela, could you repeat the e-mail address that you gave for questions for prior authorizations?

Angela Gaston: Sure, it's [AmbulancePA@cms.hhs.gov](mailto:AmbulancePA@cms.hhs.gov).

Operator: Thank you. And, (Patricia), are you done with your question?

(Patricia Webber): Yes, ma'am.

Operator: Thank you. And your next question comes from the line of (Clint Baston) with (Ambulance Pro). Your line is open.

(Clint Baston): Good afternoon. I just wanted to ask about the differences between the two dialysis and in returning home from dialysis trips. The patient's condition -- we've seen in some of our providers -- has kind of differed dramatically between the two dialysis and the return trip from dialysis. And I was just wondering if there's a way under the prior authorization model to differentiate

these, and maybe be able to show the medical necessity on a return trip whereas the person may not have met medical necessity on the first trip. Is there anything under the PA model that could – if you could guide me to the – kind of guide me on those? Or is it just an all or nothing approach?

Are you there?

(Amy Cinquegrani): Hi, this is (Amy Cinquegrani).

(Clint Baston): OK.

(Amy Cinquegrani): I can take that.

(Clint Baston): Sorry.

(Amy Cinquegrani): Sure. I don't think that there's anything under this model that would differentiate that. But if you want to send an e-mail to our prior authorization mailbox, we can look into it a little closer.

(Clint Baston): OK. And just the follow-up to that in terms of having the physician certification and having the (analyst) report, would an independent site visit for these patients make any difference in determining the medical necessity? What we're seeing is medical records are being reviewed from weeks or months prior to the patient's actual date of service for the transport, and the condition has kind of change from one day to the next.

(Amy Cinquegrani): This is (Amy Cinquegrani) again. I'm not sure that we'll be to answer that on the phone if you want to ...

(Inaudible)

(Clint Baston): OK. I'll (include) that in my ...

(Amy Cinquegrani): Yes, that sounds good. Thank you.

(Clint Baston): OK. Thank you.

Operator: And your next question comes from the line of (Nancy Grimshaw) with (Ambulance Pro). Your line is open.

(Nancy Grimshaw): Hello. Yes, in regards to the prior authorization model, what we're having trouble with is some of our patients have not been to a facility or a physician or any type of (inaudible) assessment from a provider other than our medics within a 60-day conferring of our start date, so there are no (newer) records to be found or be created. So what advice would you give to our patients that fall into that category that a most recent medical records may have been three or four months before the (course) of start date?

(Amy Cinquegrani): Hi, this is (Amy Cinquegrani) again. I don't think that we're able to answer that on the phone either. So if you could send an e-mail, we can try to address that.

(Nancy Grimshaw): OK. Well and the follow-up to that, we've always wondered or beg the question what the process that changes on patients that we have had (successfully) affirmed since the onset of the program on 2014. That now, today, like within this year, they have been non-affirmed over and over again. And typically this – these patients do not get better. They tend to decline terribly.

So, we're struggling with getting patients reaffirm in a conferring that will allow us to get a claim to you in a timely filing because we've not stopped transporting these patients based on guarantee of payment because, of course, we don't want our patients to die and they will die if we don't take them back and forth to dialysis. So, is there any guidelines or any recommendations you have on it? What would help us to get a successful (UTN) on the first go-round without having to resubmit it 10, 12 times before we finally get a (UTN)?

(Amy Cinquegrani): This is (Amy Cinquegrani). So are you saying that you've had patients that previously have been affirmed maybe on the first submission and now those patients who have the same medical conditions and things aren't really changing, are not getting affirmed?

(Nancy Grimshaw): That is absolutely happening all day long. We deal with 110 dialysis patient. And over the last two, three months, I mean we – it – getting an affirmation has been rare. I think we had one come in today finally on a patient, and it (touched) dates of service that occurred in December of '16 and spans into February of '17. We finally got these dates affirmed again on her. But, yes, we have several patients that fall in that category, and we don't know what else to do

(Amy Cinquegrani): Without knowing the specifics for your cases, it's hard for us to address that. I would recommend reaching out to the MACs. Usually, they're pretty good about letting you know what the specific reason is for non-affirmation and that should also be in your letter as well. And if you like to send us some examples, we ask that you please not include any sort of beneficiary information, names, or identifying information. But you can reach out to us and we can look at some examples.

(Nancy Grimshaw): That would be awesome if you could do that for us. Yes, our MAC, Palmetto GBA, had, I think, it was open door forum call or something that they were going to do in regards to prior authorization. And – but then they cancelled this right before it was to occur, stating lack of interest, which I found mind-boggling because myself, myself and all of our providers in South Carolina (that this has touched), we enrolled, I know, almost 30 people just from our agency and our entities. So, I don't know how they justified the lack of interest because – I mean we had a whole busload ready to come.

(Amy Cinquegrani): Sure. We can definitely look into that if you want to e-mail our prior authorization mailbox and just maybe referencing this conversation, and then we can figure out a way for you to get us those examples in a secure manner.

(Nancy Grimshaw): Right, right and – I'm sorry I got distracted by a (inaudible), I apologize for that. But, yes, because I think that open door forum or meeting that they were going to have in Columbia, South Carolina in regards to prior authorization could have been way beneficial to many, many providers in the state in regards to just prior authorization program, and what is it we can do better or not doing good. So, I would really love for that opportunity to come back now that they have extended the prior authorization model.

(Amy Cinquegrani): Yes, we can definitely check into that as well.

(Nancy Grimshaw): OK, thank you.

(Amy Cinquegrani): Thank you.

Operator: And your next question comes from the line of (Melissa Wall) with (Concord Cross). Your line is open.

(Melissa Wall): Hi, I wanted to find out if we have a date for Michigan yet for the prior authorization for non-repetitive transports?

Angela Gaston: Hi, CMS is still exploring that, the nationwide expansion. There are certain requirements that we have to meet, and we're still determining if those requirements have been met. So, at this time, it will just be in the nine states.

(Melissa Wall): Thank you.

Operator: And there are no further questions at this time. I'll turn the call back over to the presenters for closing remarks.

Jill Darling: Hi everyone, this is Jill Darling. Thank you everyone for calling in and for your questions. If you think of a question after today's call, please feel free to e-mail our new ambulance ODF e-mail. It's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov). Again, it's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov). Thanks, everyone, for joining us today and have a happy holiday.

Operator: Thank you for participating in today's Ambulance Open Door Forum Conference Call. This call will be available for replay beginning today, 5:00 p.m. Eastern Time through midnight on December 18th. The conference ID number for the replay is 61764351. The number to dial for the replay is 855-859-2056.

This concludes today's conference call and you may now disconnect.

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