

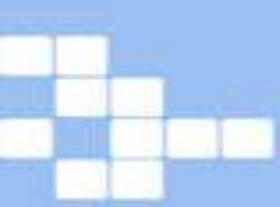
Session Objectives

This session explains the following:

- Changes in EMS reimbursement
- Innovations/ Rural Health Council
- Provider Engagement

CMS Vision

“First I want to articulate to you that we think it will take a concerted and proactive effort on our part– like everyone’s– to help make the kind of progress in rural health care that we think is so vital” Andy Slavitt – Annual Policy Institute of National Rural Health Association in Washington, D.C. on February 2, 2016.



Ambulance Payments

Payments

- Medicare pays for an ambulance transport under Part A as a packaged service or under Part B as a separately billed service. If an ambulance transport is covered and payable under Part A, it will not be covered or payable under Part B.
- Payment for ambulance transports under the Ambulance Fee Schedule
- Includes a base rate payment (level of service provided) plus a separate payment for mileage to the nearest appropriate facility;
- Covers both the transport of the beneficiary to the nearest appropriate facility and all medically necessary covered items and services (such as oxygen, drugs, extra attendants, and electrocardiogram testing) associated with the transport; and
- Precludes a separate payment for items and services furnished under the ambulance benefit.

Ambulance Payment Update

Section 203 of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 extended payment provisions of previous legislation.

- Section 203 extends the provision increasing Ambulance Fee Schedule amounts by 2% for services originating in urban areas (as defined by the ZIP Code of the point of pickup) and by 3% for services originating in rural areas (again, as defined by the ZIP Code of the point of pickup). This provision will expire on December 31, 2017.
- Section 203 extends the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the “super rural” bonus). This provision will expire on December 31, 2017.

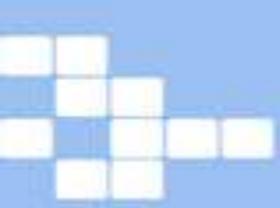
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Prior Authorization Process

The Centers for Medicare & Medicaid Services (CMS) began implementing a prior authorization demonstration program for repetitive scheduled non-emergent ambulance transport in New Jersey, Pennsylvania, and South Carolina in May 2014.

- This process will allow all relevant documentation to be submitted for review prior to rendering services.
- CMS or its contractors will review the request and provide an affirmative or non-affirmative decision.
- A claim submitted with a non-affirmative decision will be denied. Unlimited resubmissions are allowed.
- If a provider or supplier chooses to forego prior authorization and submits a claim without prior authorization decision, that claim shall undergo pre-payment review.

Additional details on the prior authorization process for repetitive scheduled non-emergent ambulance transport can be found on the CMS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Overview.html>



Innovations

Innovations are an essential to CMS' strategy.

- The need for promoting and adapting new models and allowing different technologies and approaches to make real differences for patients.

➤ Models have been customized for rural markets.

Models for Rural Markets

- **Medicaid State Innovation Model Grants**
 - They provide technical support for smaller rural hospitals, and to pursue new flexibilities in care delivery such as the use of Community Health Workers and EMTs to expand access points.
- **The Frontier Community Health Integration Project**
 - Aims to develop and test new models in geographically isolated areas through telemedicine, adding swing bed and other approaches to integrated health care.

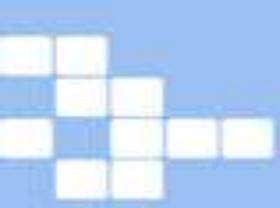
Innovations

States are taking a close look at innovations under Medicaid. These innovations are in rural areas and some you may find of interest either under development or currently in practice are:

- Allowing ambulance transports to facilities that are not technically hospitals
- Paying EMS staff to provide chronic care management services
- Paying for EMS staff to provide post –acute care monitoring services for patients

Congress is considering other innovative ideas.

- CMS is unable to implement any of the provisions until legislation is passed.
- Some states are using their State Innovation Grants, which are funded by CMS Innovation Center, to test alternative payment methods for services in Rural areas.



Rural Health Council

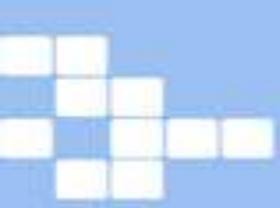
Establishment of a CMS Rural Health Council to work across the entire agency to oversee our work in three strategic priority areas—

1. Ensuring access to high quality health care to all Americans in rural settings.
2. Addressing the unique economics of providing health care in rural America.
3. Making sure CMS' health care delivery and payment reform agenda appropriately fits rural health care markets.

Rural Health Council



The Council will help facilitate analysis among the CMS components that develop and implement policy that may impact the delivery of health care in rural areas to assure that the impacts on rural communities (providers and consumers alike) are considered. The Council will also serve as an internal discussion forum, reviewing issues and concerns raised by stakeholders, and will use the regularly-scheduled CMS Rural Health Open Door Forum calls (roughly eight calls per year) calls to report out to the public on the Council's and CMS' progress on rural issues.



Provider Engagement

- Coordination and interaction will help provide a voice for all EMS providers.
 - Using your associations for direction and updates
 - Engaging in CMS sponsored calls and forums
 - Participating in your Medicare Administrative Contractors (MACs) workgroups and trainings
 - A/B Jurisdiction Map
 - Coordination with other Rural Health providers (ex. CAHs)

Provider Engagement

How do suppliers stay informed?

- Ambulance Open Door Forum - https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_494
- MLN Connects Provider E News - https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&topic_id=USCMS_7819
- CMS Regional Office - <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>

Questions?

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