

Centers for Medicare & Medicare Services
Ambulance Open Door Forum
Tuesday, November 14, 2024
2:00 – 3:00 p.m. ET

Webinar recording:

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Jill Darling: Hi, good morning and good afternoon, everyone. Thanks again for your patience as we get more folks into today's webinar. My name is Jill Darling, and I'm in the CMS Office of Communications. Welcome to today's Ambulance Open Door Forum (ODF). Before we begin our agenda, I have a few announcements. For those who need closed captioning, I provided a link in the chat function of the webinar, and I will provide it again for you. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum Transcript web page, and that link was on the agenda, and I will share it with you in the chat. If you are a member of the press, please refrain from asking questions during the webinar. If you do have any questions, please email press@cms.hhs.gov. All participants are muted upon entry for today's webinar, I will be—well, I have displayed the agenda slide for you all, and then throughout, we have some links that we will share with you.

We will be taking questions at the end of the agenda today. We note that we are, that we will be presenting and answering questions on the topics listed on the agenda. We ask that any live questions relate to the topics presented during today's webinar. If you have any questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your question. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the ODF resource mailbox that I will provide and we will get your question to the appropriate component for a response. You may use the raise hand feature at the bottom of your screen and we will call on you when it's time for Q&A. Please introduce yourself with your organization or business you are calling from. And when the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question. And we'll do our best to get to all your questions today. And now, I'll turn the call over to our Chair, Maria Durham.

Maria Durham: Thank you so much, Jill. Good afternoon or good morning to everyone, depending on where you're located. On behalf of CMS, we would like to welcome you to today's CMS Ambulance Open Door Forum. As Jill said, I am, I'm Maria Durham, and I'm the Chairperson of the Ambulance Open Door Forum, and I'm also the Director of the Division of Data Analysis and Market Based Pricing here at CMS in the Center for Medicare. So quick plug, as many of you were aware, selected ground ambulance organizations are required by law to report cost, revenue, utilization, and other information to the CMS through our online web-based GADCS (Ground Ambulance Data Collection System) portal. If your organization was selected for year three or year four of the GADCS, you should already be entering your data, should already have access to our online portal, and should be actively submitting and certifying your

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data. If you haven't done this, I'm going to put our—the information for our help desk in the chat, and I would really appreciate it if you would follow up on that.

Today, we have a full hour dedicated to several very important announcements and updates for our colleagues. The Ground Ambulance and Patient Billing, or GAPB, Advisory Committee will have a quick announcement for this ODF followed by updates to the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model. We'll have another topic that are updates to our Ambulance Fee Schedule finalized proposal in the calendar year 2025 Ambulance Fee Schedule final rule—sorry—Physician Fee Schedule final rule. But of course, what do we care about? Ambulance. We'll also discuss the Ambulance Inflation Factor for calendar year 2025 and productivity adjustment. There was a change request that went out on that as well. And as usual, we will wrap up with a live Q&A session. So, I just wanted to thank everybody for taking time out of your very busy schedules to join us today. And now I'm going to turn over to our moderator, Jill Darling, who will continue with our agenda. Thank you.

Jill Darling: Thank you, Maria. First, we have Desiree Haskins, who will provide updates to the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model.

Desiree Haskins: Thanks, Jill. Again, thanks for joining us today. My name is Desiree Haskins, and I'm with CMS, the Center for Program Integrity and—Program Integrity. Today, I'm giving an update on the review timeliness changes for the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model. Effective January 9, 2025, CMS will be changing the prior authorization review time frame from 10 business days to seven calendar days. This change aligns with the review time frame that's in the CMS Interoperability and Prior Authorization final rule cited in 89 FR (Federal Register) 8758. Also, effective January 9, 2025, for the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model, the option to request an expedited prior authorization review will be removed, as prior authorization requests under this model are for non-emergent services that are scheduled in advance and do not meet the criteria for an expedited review. Again, both these changes will be effective January 9, 2025. Please continue to check the CMS website and your MAC (Medicare Administrative Contractor) for educational opportunities for these changes. Additional information can be up—it has been updated on the CMS website and that's at—and I'll put that in the chat. It's at <http://go.cms.gov/PAAmbulance>. And this concludes the Repetitive Scheduled Non-Emergent Ambulance Transport Prior Authorization Model update. And I can turn it back to you, Jill, at this time.

Jill Darling: Great, thank you. Next, we have Shaheen Halim, who will speak on the Ground Ambulance and Patient Billing Advisory Committee.

Shaheen Halim: Good afternoon, this is Shaheen Halim. Thank you for having me on the call. I am the Designated Federal Official for the Ground Ambulance and Patient Billing Advisory Committee, and this committee was formed in 2022 under the—under Section 117 of the No Surprises Act. This committee was tasked with gathering and recommending options to the Secretaries of Health and Human Services, Treasury, and Labor for preventing balance billing for ground ambulance services, balance billing to consumers, and ways of enforcing existing authorities at the state, local, and federal level. So, this committee convened throughout 2023 and recently issued a report with these recommendations to the secretaries. This report can be found

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on the [CMS.gov](https://www.cms.gov) Ground Ambulance and Patient Billing FACA (Federal Advisory Committee Act) Committee website. And I'm going to put that website in the chat now so that you have it available. And this report can be found in the download section of this website. So, I encourage you all to download it, take a look at the recommendations. This committee is currently inactive but, you know, we still have our email address. So, if—if—any of you have feedback that you want to provide, please feel free to do so and we encourage you to—to—download the report and read it at your convenience. Thank you very much and thank you for participating in the committee meetings that occurred in 2023. I know that, you know, many of you found out about those meetings through these announcements and, you know, joined and provided feedback at those meetings. So, I thank you all for your participation in that process as well. So that's it for my announcement. Thank you very much.

Jill Darling: Thank you. And our last two bullets will be Amy Gruber.

Amy Gruber: Thank you, Jill. As Jill stated, I'm Amy Gruber, and I work in Maria's division. I will be providing you with two announcements. The first announcement is about our finalized proposal in the calendar year 2025 Physician Fee Schedule final rule on low titer O-positive whole blood transfusion therapy, abbreviated WBT, during ground ambulance transport. The display version of the final rule can be found at the link that we provided on the agenda that was posted on the website. I also provided a link in the chat. We also provide a link on our Ambulances Services Center website under spotlights. This document is scheduled to be published in the Federal Register on December 9, 2024. The final rule is, it's a lengthy document. Our finalized proposal begins on page 1840 of this document. So, for any proposals that CMS wants to make, you know, to the Ambulance Fee Schedule, it is included in a calendar year Physician Fee Schedule rule.

For example, our establishment of the Medicare Ground Analyst Data Collection System, GADCS, has been discussed in the calendar year Physician Fee Schedule proposed rule, and finalized in the calendar year Physician Fee Schedule final rule. We value public comments on our proposals. As many of you are aware, at 42 code of federal regulations section 414.605, advanced life support, level two, abbreviated ALS2, is defined as either transportation by ground ambulance vehicle, medically necessary supplies and services, and administration of at least three medications by intravenous push or bolus or by continuous infusion, excluding crystalloids, hypertonic, isotonic, and hypertonic solutions such as dextrose, normal saline, and Ringer's lactate, or transportation, medically necessary supplies and services, and the provision of at least one of the following seven ALS procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, and intraosseous line. These procedures must be performed by ALS personnel trained to the level of the Emergency Medical Technician intermediate, EMT intermediate, or paramedic. In the calendar year 2025 Physician Fee Schedule proposed rule, CMS proposed to modify the definition of ALS2 by adding WBT to the list of ALS2 procedures. For patients in hemorrhagic shock, the use of WBT has demonstrated a survival benefit when compared to traditional hemorrhagic resuscitative therapy. Under this proposal, a ground ALS transport that provides WBT would itself constitute an ALS2 level transport.

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We also saw comments on whether, you know, we should add alternative blood product treatments such as administration of packed red blood cells and plasma to a list of ALS2 procedures. We are aware that some established Emergency Medical Services (EMS) systems may already provide WBT to patients in hemorrhagic shock, while other jurisdictions, including those in rural areas, may rely on alternative blood product treatments instead. After consideration of public comments and considering further that the indications for use, storage requirements, administration, monitoring and training for the use of packed blood cells and plasma are similar to those described for WBT, we are finalizing our proposal to modify the definition of ALS2 at Section 414.605 by adding the administration of prehospital blood transfusion, abbreviated PHBT, which includes low titer O-positive and O-negative whole blood transfusion therapy, packed red blood cells, plasma, or a combination of packed red blood cells and plasma. A ground ambulance transport that provides one of these PHBTs would itself constitute an ALS2 level transport.

My second announcement and the last announcement is about the ambulance inflation factor for calendar year 2025 and productivity adjustment. On October 17, 2024, CMS released Transmittal 12896, Change Request 13837, to manualize the ambulance inflation factor for calendar year 2025 in Chapter 15, Section 20.4 of the Medicare Claims Processing Manual, so that Medicare contractors can accurately determine payment amounts for ambulance services. We included a link to this transmittal in the chat. Effective date is January 1, 2025, and the implementation date is January 6, 2025. The Ambulance Fee Schedule base rates and mileage base rates are updated annually by an ambulance inflation factor. Consumer Price Index for all Urban consumers, which is abbreviated CPI-U, June over June of the previous year, reduced by a total factor productivity, which is abbreviated TFP. The CPI-U is reported by the U.S. Bureau of Labor Statistics, and the TFP is determined by CMS' Office of the Actuary. The TFP for calendar year 2025 is 0.6%, and the CPI-U for 2025 is 3.0%. According to the Affordable Care Act Section 34.01, the CPI-U is reduced by the TFP even if this reduction results in a negative ambulance inflation factor update. Therefore, the ambulance inflation factor for calendar year 2025 is 2.4%. Thank you. Back to you, Jill.

Jill Darling: Great. Thank you, Amy. We will open up for Q&A. So, if you have a question or comment, please use the raised hand feature at the bottom of your screen, and please have one question and one follow up and we will wait to see any raised hands. Ronald Morris, you may unmute and ask your question.

Ronald Morris: Hello, can you hear me?

Jill Darling: Yeah.

Ronald Morris: Can you hear me?

Jill Darling: Yes, we can.

Ronald Morris: OK, so on the change proposal for the ALS2 definition to add packed red cells, plasma, and whole blood administration does—I had read—I thought that that also included the

monitoring of the administration of those modalities that were established prior to that ambulance trip. In other words, during inter-facility transfer. Is that still correct?

Amy Gruber: We did provide—that was a question that we received, a public comment question, and we did provide a response to that in the Federal—in the Federal—Register. I would refer you to—refer you to that—our response regarding monitoring.

Ronald Morris: And one more time, where was that found at?

Amy Gruber: It is in the final rule, and I provided the information in the chat, and our section begins on page 1840 of the document.

Ronald Morris: Thank you.

Amy Gruber: You're welcome.

Debi Makely: Hello?

Marvelyn Davis: We can hear you.

Debi Makely: OK. I just—I was looking for Shaheen's link in the chats, but I didn't see that it was there. I see all the links for the other ones.

Jill Darling: Yes, I'll—it looks like she had to drop, but I will email her and see if I can get it in the chat for you guys.

Debi Makely: Perfect, thank you.

Jill Darling: OK. I'm not seeing any more raised hands. Oh, I'm sorry. I think I do have the link. You should—so I just sent it out. Thank you. OK, we'll give it just a couple more seconds in case we do have any more questions or if you need any links. Oh, we have a hand. OK. Lori.

Lori Reedy: Hi. My question is regarding the temporary ground add-on payment. Will they be—still be extending that? I know that it's supposed to end December 31st of 2024.

Maria Durham: This is Maria. They are set to expire at the end of December, as you said. You know, I don't have a crystal ball. Congress, you know, will have to re-up it. Historically, they have, but they haven't re-upped it yet.

Lori Reedy: OK. I just wanted to make sure I wasn't missing something.

Maria Durham: Waiting as well.

Lori Reedy: Thank you.

Jill Darling: All right. I'm not seeing any raised hands at the moment so this—we can conclude today's call. So, we can send any more links in the chat for you. They were also on the agenda that was sent out. So, I can wait one more moment in case anybody needs anything. OK. All right. Well, we thank you, speakers and attendees, for joining us today, and we will talk with you all next year. So happy holidays, and thanks everyone for joining us. And that concludes today's call.