



# Ambulance Payment Reform

MOVING AMBULANCE FROM A SUPPLIER TO A PROVIDER



# Payment Reform at a Glance

Short-Term

- Extender Stabilization
- Cost Reporting
- Supplier to Provider\*

Intermediate

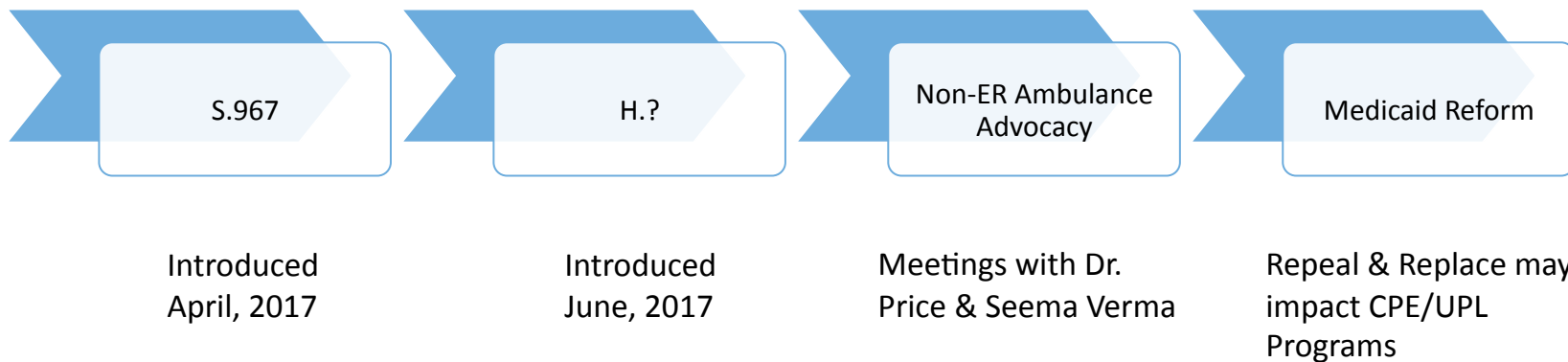
- Alternative Destination Transports
- Treat and Refer
- Non-Emergency Transportation

Long-Term

- Triage Services
- Community Paramedicine



# 2017 Expectations





# Supplier to Provider: Why?



# Suppliers

- Do not provide healthcare services
- Commodity-driven
  - Equipment
  - Supplies
  - Transportation
- Costs are set based upon commodity
  - DMEPOS subject to competitive bidding
  - Ambulance focuses on the transportation aspect only

# EMS Evolution







## IOM: *Emergency Medical Services at the Crossroads.* (2007)

*“The committee’s vision expands the concept of an inclusive trauma system to include **all illnesses and injuries**, as well as the entire continuum of emergency care—**including 9-1-1 dispatch, prehospital EMS,** and clinics and urgent care providers that may play a role in emergency care.”*



# IOM: *Crisis Standards of Care (2012)*

*EMS personnel utilizing **disaster triage systems** (sort, assess, life-saving interventions, treatment/ transport; simple triage and rapid treatment [START]; and JumpSTART triage methods) so they can **assess patients within 60 seconds** and categorize them for immediate or delayed care*

# Examples of Health Care Services

Induced Hypothermia	Impedance Threshold Device (RESQPOD)	Capnography	Interosseous (IO) Infusion
12 Lead ECG Transmission and Interpretation	Continuous Positive Airway Pressure (CPAP)	Non-Invasive Positive Pressure Ventilation (NIPPV) (Portable Vent)	Supraglottic Airway Devices
Quick Trach	Met Hemoglobin	Meconium Aspirator	Cook's Catheter

**Advances require more training and carrying expensive drugs or equipment on vehicles**

## Non Emergency: Medical Services

### Focusing on Patients' Medical Needs

- Morbidly Obese
- Mental/Behavioral Health
- Oxygen Administration
- Special Handling/  
Positioning

### Health Care Services Provided

- Ventilation/Advanced Airway Management
- Suctioning
- Isolation Precautions
- Intravenous Fluid Administration

## Recognizing Ambulances as Providers

Ambulance services' core mission is to provide mobile health care services to patients

- Inappropriate to consider for competitive bidding – providing more than lowest bid on transportation
- Payment rates need to recognize the costs of the health care services provided, as well as the transportation
- Important to raise the bar to reduce fraud and abuse



# What Will It Mean To My Agency?

1. Survey or Accreditation Process Required\*
2. CMS Participation Agreement
3. Electronic Claims Submission, except for low volume providers
4. Cost Reporting or Cost Data Collection
5. Quality Data Reporting

# Allows for Conditional of Participation

## Conditions of Coverage/Conditions of Participation

- Set a federal standard for how providers operate and interact with beneficiaries

## Sample provisions

- Organizational/Administration
- Administrative and Medical Records
- Compliance with Other Laws
- Personnel
- Safety
- Patient Rights

State and local requirements will remain primary

# Allows for Provider Payment Review Board

- Independent Panel as established under Section 1878 of the SSA
- Avenue for certified Medicare providers to dispute CMS final approval regarding reasonable cost reimbursement
- Covers all providers who cost report
- Also covers HMOs and competitive medical plans that participate in the Medicare program
- There are a few nonprovider entities that file periodic cost reports that are excluded from the protections under PPRB (\*\$1000 or >)





# Accreditation or Survey Process

- Accreditation Organization or State-sponsored
- Site review
- Certify minimum operational and administrative procedures
- Similar to CAAS but not as extensive



# Provider Status Change **WILL NOT**....

1. Impact any Third Party or Medicaid Reimbursements
2. Require you to participate in CP programs or the equivalent
3. Allow for Paramedics or EMTs to bill for services to Medicare Part B
4. Change the current billing requirements and reimbursement for ambulance agencies under Medicare Part B



# Initiate.

*The easiest thing is to REACT. The second easiest thing is to RESPOND. But the hardest thing is to INITIATE.*

*-Seth Godin*





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