Medicare Prior Authorization Model for
Repetitive, Scheduled Non-Emergent Ambulance Transports
Status Update
(Posted 10-19-2021)

The Medicare Prior Authorization Model for Repetitive, Scheduled Non-Emergent Ambulance Transports began on December 1, 2014 for transports occurring on or after December 15, 2014 in Pennsylvania, New Jersey, and South Carolina. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) added Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia to the model on January 1, 2016.
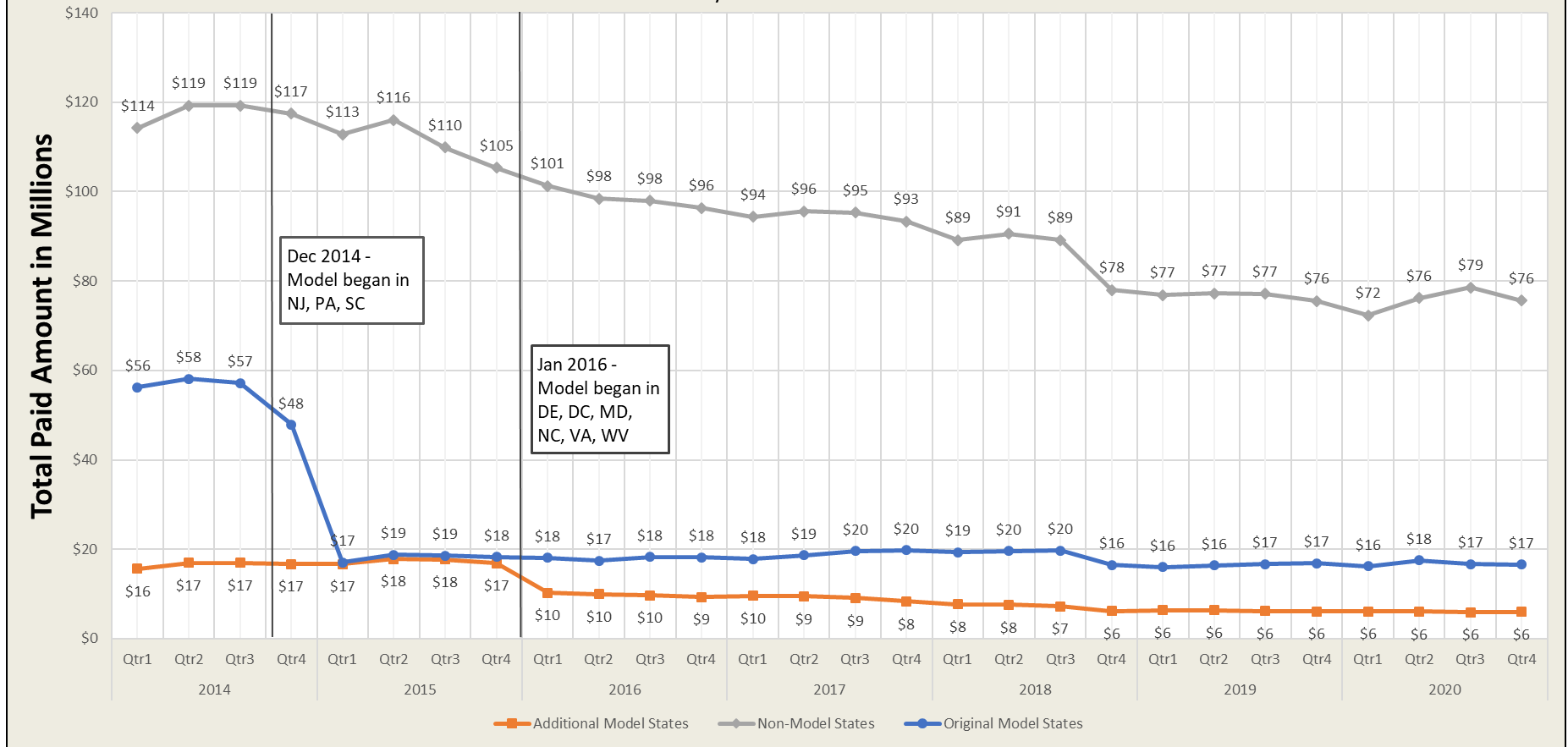
Prior authorization helps to make sure services are provided in compliance with applicable Medicare coverage, coding, and payment rules before services are rendered to the beneficiaries and before claims are submitted for payment. Prior authorization does not create new clinical documentation requirements or change any existing Medicare coverage policies. Instead, the process simply requires that all documentation regularly required to be maintained be submitted earlier in the course of claims payment.

Preliminary Data
As seen in the chart on the following page, the Centers for Medicare & Medicaid Services (CMS) continues to observe a decrease in expenditures for repetitive, scheduled non-emergent ambulance transports in both the original model states and the six additional model states through 2020.

Repetitive, Scheduled Non-Emergent Ambulance Transport Expenditures
By Date of Service

Chart showing Total Paid Amount in Millions by quarter from 2014 to 2020 for three categories: Additional Model States (orange), Non-Model States (gray), and Original Model States (blue).

Non-Model States values by quarter (2014–2020): $114, $119, $119, $117, $113, $116, $110, $105, $101, $98, $98, $96, $94, $96, $95, $93, $89, $91, $89, $78, $77, $77, $77, $76, $72, $76, $79, $76

Original Model States values: $56, $58, $57, $48, $17, $19, $19, $18, $18, $17, $18, $18, $18, $19, $20, $20, $19, $20, $20, $16, $16, $16, $17, $17, $16, $18, $17, $17

Additional Model States values: $16, $17, $17, $17, $17, $18, $18, $17, $10, $10, $10, $9, $10, $9, $9, $8, $8, $8, $7, $6, $6, $6, $6, $6, $6, $6, $6, $6

Annotations:
- Dec 2014 - Model began in NJ, PA, SC
- Jan 2016 - Model began in DE, DC, MD, NC, VA, WV

3 Original Model States: New Jersey, Pennsylvania, and South Carolina

6 Additional Model States: Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia

Claim Paid Date: Between 01/01/2014 and 07/09/2021

Codes: A0425 - Ground mileage, per mile; A0426 - Ambulance service, Advanced Life Support (ALS), non-emergency transport, Level 1; A0428 - Ambulance service, Basic Life Support (BLS), non-emergency transport

Note: Practitioners have up to one calendar year after the date of service to submit claims. Consequently, the total amounts paid represented in the right hand side of this chart will generally continue to increase as it can take up to 12 months for the claims figures to reach 100% completeness.

Prior to the model, spending on repetitive, scheduled non-emergent ambulance transports in the three model states averaged $18.9 million per month. Since implementation, spending has decreased to an average of $6.0 million per month, resulting in a 72-month total savings of approximately $928.8 million.

Prior to the model, spending on repetitive, scheduled non-emergent ambulance transports in the six additional model states averaged $5.7 million per month. Since implementation, spending has decreased to an average of $2.6 million per month, resulting in a 60-month total savings of approximately $186.0 million.

Repetitive, Scheduled Non-Emergent Ambulance Transport Model Savings (in Millions)

	Average monthly spending prior to model	Average monthly spending post model	Average monthly savings	Total savings since implementation
3 Model States	$18.9	$6.0	$12.9	$928.8
6 Additional Model States	$5.7	$2.6	$3.1	$186.0
Total				**$1,114.8**

Affirmation Rate
A provisional affirmative decision is a preliminary finding that a future claim submitted to Medicare for the service likely meets Medicare's coverage, coding, and payment requirements. Overall, 58% of prior authorization requests submitted received a provisional affirmative decision. The following chart breaks down the number of prior authorization requests provisionally affirmed and non-affirmed by model year.

Repetitive, Scheduled Non-Emergent Ambulance Transport Model Affirmation Rate

	Provisionally Affirmed	Non-Affirmed	Total Requests	Affirmation Rate
Year 1[1]	6,232	11,727	17,959	35%
Year 2	13,513	9,379	22,892	59%
Year 3	14,622	9,607	24,229	60%
Year 4	14,579	7,451	22,030	66%
Year 5	13,561	8,205	21,766	62%
Year 6	11,610	6,703	18,313	63%
Total	**74,117**	**53,072**	**127,189**	**58%**

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[1] In previous status updates, CMS reported that 18,367 prior authorization requests were received and finalized with 6,430 requests affirmed in Year 1 of the model. Those numbers inadvertently included an extra month of data, which has been removed from the Year 1 calculations in this status update.

Repetitive, scheduled non-emergent ambulance transports were approved for all beneficiaries who met all the requirements. Submitters have unlimited opportunities to resubmit requests to include all necessary and relevant documentation needed for a provisionally affirmed decision. In cases where the beneficiary's condition does not meet Medicare's coverage requirements, CMS provides the beneficiary with contact information for state and local agencies that may also be able to assist with identifying alternative transportation arrangements.

Evaluation Reports
On May 21, 2021, CMS released the Final Evaluation Report[2] conducted by CMS contractor, Mathematica Policy Research, as required by Section 1115A of the Social Security Act (the Act). The Final Evaluation Report, similar to the two Interim Evaluation Reports[3], found that the model was successful in reducing repetitive, scheduled non-emergent ambulance transport spending and total Medicare spending while maintaining overall quality of and access to care.

Nationwide Expansion
On September 22, 2020, CMS announced[4] that it will expand the model nationwide, as all requirements to expand under section 515(b) of MACRA, which references the criteria in paragraphs (1) through (3) of section 1115A(c) of the Act, have been met. The Chief Actuary of CMS certified[5] that expansion of the model would reduce program spending under the Medicare program, thereby satisfying the requirement of section 1115A(c)(2) of the Act. Based on the Chief Actuary certification and Interim Evaluation Reports, the Secretary of the Department of Health and Human Services determined that the model met the statutory criteria for expansion under sections 1115A(c)(1) and (c)(3) of the Act.

The model has continued to operate under MACRA section 515(b) authority in the states of Delaware, the District of Columbia, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia while CMS monitored the Public Health Emergency. On August 26, 2021, CMS announced[6] implementation dates for all remaining states and territories. The model will begin:

- On December 1, 2021 in Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas;

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[2] https://innovation.cms.gov/data-and-reports/2021/rsnat-finalevalrpt
[3] https://innovation.cms.gov/files/reports/rsnat-firstintevalrpt.pdf and https://innovation.cms.gov/data-and-reports/2020/rsnat-secondintevalrpt
[4] https://www.cms.gov/newsroom/press-releases/cms-expand-successful-ambulance-program-integrity-payment-model-nationwide
[5] https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/CMMI-Model-Certifications
[6] https://www.federalregister.gov/documents/2021/08/27/2021-18543/medicare-program-national-expansion-implementation-for-all-remaining-states-and-territories-of-the

- No earlier than February 1, 2022 in Alabama, American Samoa, California, Georgia, Guam, Hawaii, Nevada, Northern Mariana Islands and Tennessee;
- No earlier than April 1, 2022 in Florida, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, Puerto Rico, Wisconsin, and U.S. Virgin Islands;
- No earlier than June 1, 2022 in Connecticut, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New York, Rhode Island, and Vermont; and
- No earlier than August 1, 2022 in Alaska, Arizona, Idaho, Kentucky, Montana, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, and Wyoming.

Please continue to check the model's website[7] and with your Medicare Administrative Contractor for additional details and upcoming educational opportunities on the expansion. For information on the prior authorization process, please refer to the Operational Guide and Frequently Asked Questions also posted on the model's website.

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[7] http://go.cms.gov/PAAmbulance