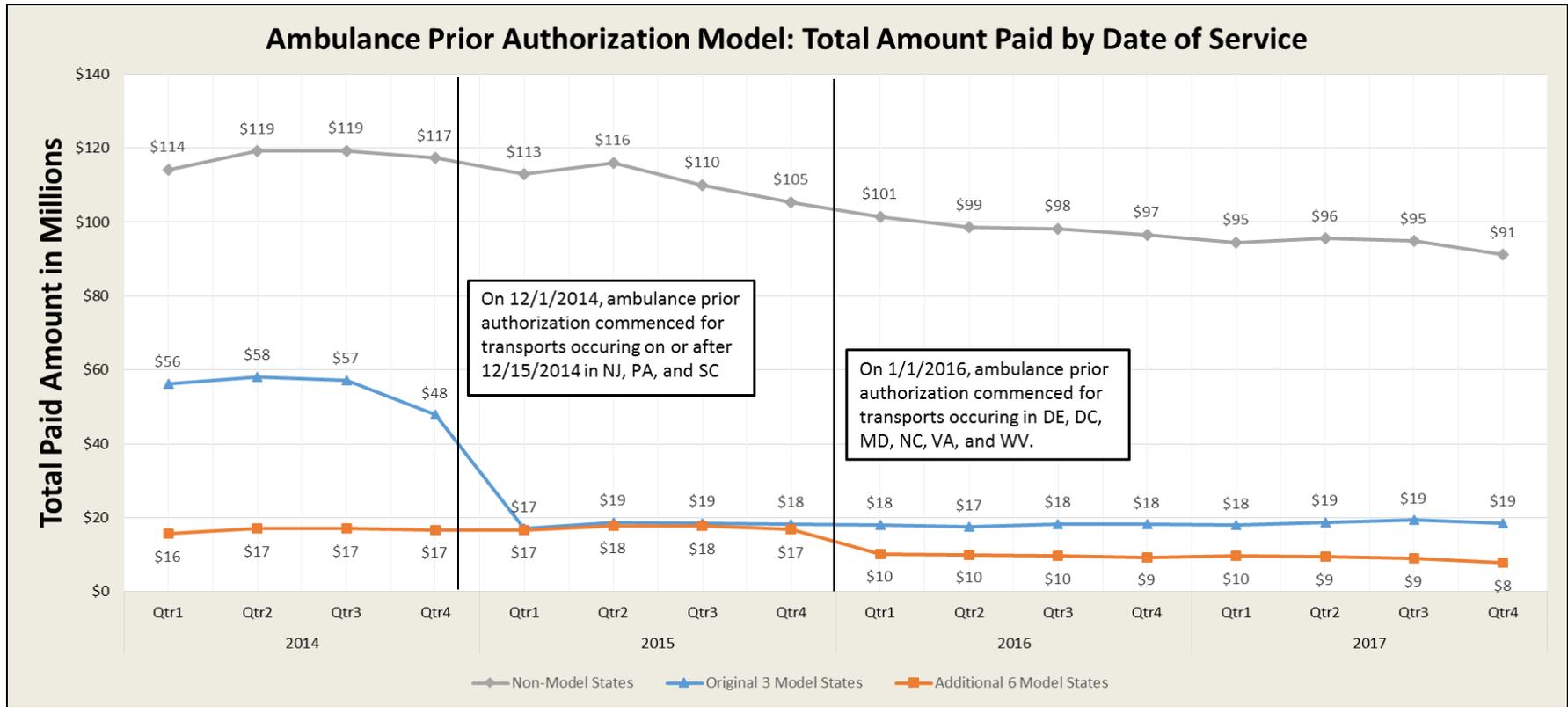**Medicare Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport Model Status Update**
(Posted 10-26-2018)

The Medicare Prior Authorization of Repetitive Scheduled Non-Emergent Ambulance Transport Model 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) revised the prior authorization model to include Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia on January 1, 2016.

The Centers for Medicare & Medicaid Services (CMS) believes using a prior authorization process will help 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, 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.

Ambulance Prior Authorization Model: Total Amount Paid by Date of Service

Total Paid Amount in Millions

Non-Model States (2014): $114, $119, $119, $117; (2015): $113, $116, $110, $105; (2016): $101, $99, $98, $97; (2017): $95, $96, $95, $91

Original 3 Model States (2014): $56, $58, $57, $48; (2015): $17, $19, $19, $18; (2016): $18, $17, $18, $18; (2017): $18, $19, $19, $19

Additional 6 Model States (2014): $16, $17, $17, $17; (2015): $17, $18, $18, $17; (2016): $10, $10, $10, $9; (2017): $10, $9, $9, $8

On 12/1/2014, ambulance prior authorization commenced for transports occuring on or after 12/15/2014 in NJ, PA, and SC

On 1/1/2016, ambulance prior authorization commenced for transports occuring in DE, DC, MD, NC, VA, and WV.

X-axis: Qtr1 Qtr2 Qtr3 Qtr4 (2014), Qtr1 Qtr2 Qtr3 Qtr4 (2015), Qtr1 Qtr2 Qtr3 Qtr4 (2016), Qtr1 Qtr2 Qtr3 Qtr4 (2017)

Legend: Non-Model States, Original 3 Model States, Additional 6 Model States

3 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 03/30/2018

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 $6.1 million per month, resulting in a 36-month total savings of approximately $460.8 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 $3.1 million per month, resulting in a 24-month total savings of approximately $62.4 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	$6.1	$12.8	$460.8
6 Additional Model States	$5.7	$3.1	$2.6	$62.4
Total				**$523.2**

In the first year of the model, 17,959[1] prior authorization requests were received and finalized in the three model states. Of those 17,959 requests, 6,232 were provisionally affirmed. In the second year of the model, 22,892 prior authorization requests were received and finalized in the three model states and six additional model states. Of those 22,892 requests, 13,513 were provisionally affirmed. The provisional affirmation rate increased from 35% in year 1 to 59% in year 2. In the third year of the model, 24,229 prior authorization requests were received and finalized in the nine states. Of those 24,229 requests, 14,622 (60%) were provisionally affirmed.

Repetitive Scheduled Non-Emergent Ambulance Transport Model Affirmation Rate

	Provisionally Affirmed	Non-Affirmed	Total Requests	Affirmation Rate
Year 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%
Total	**34,367**	**30,713**	**65,080**	**53%**

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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 be able to assist with identifying alternative transportation arrangements.

CMS will continue to closely monitor and evaluate the effectiveness of the model. The independent evaluation, as required by Section 1115A of the Social Security Act, is ongoing. The first interim report can be found at https://innovation.cms.gov/Files/reports/rsnat-firstintevalrpt.pdf.