

YOUR **TOMORROW** IS IN YOUR HANDS **TODAY!**



*The AAA is fighting for you!*



# **Prior Authorizations**

## **A Provider's Perspective**





# What We'll Be Talking About

- **History**
- **Present Day (12/15/14 – Today)**
- **The Future**
- **Best Practices**





# Alert Ambulance History



**Founded in 1972, Alert Ambulance Service is a family owned and operated Ambulance company that specializes in providing unmatched quality medical transportation.**





# Alert Ambulance History

**Nearly 20 years ago, Alert Ambulance Service partnered with Meridian Health, one of New Jersey's largest hospital networks**





# Alert Ambulance History

- **Leadership**
- **Compliance**
- **Active Participation**
- **Consensus Building**





# Ambulance Payment Data

## ➤ **\$583 Billion in 2013**

➤ **Ambulance Services: 6 Billion or only about 1%**

## ➤ **So Why Does Our 1% Matter to CMS so Much?**

➤ **↑ 35% in Number of Patients Requiring Transport**

➤ **↑ 70% in Number of Ambulance Transports**

➤ **↑ 100% in Number of NE BLS Suppliers!**

➤ **↑ ↑ ↑ 300% Number of Dialysis Transports!!!**







# Dialysis Payment Data

- New Jersey, South Carolina and Pennsylvania; 3 of the highest dialysis related transports and inappropriate billings for NE Transports
- 2012 – 6.7M BLS NE trips to Medicare; nearly 50% were for Dialysis (3.2M)
- 2012 – \$575M paid for NE BLS trips to and from Dialysis

## CMS's Response to the Problem:

1. Increased Enforcement Activity
2. Reductions in Fee Schedule
3. Cap on Covered Trips
4. Prior Authorizations
5. Bundled Payments?





# Ignorance is Bliss

Three problems that led us to where we are today



1. My PCS was signed by a doctor...that's good enough, right?
2. They've been paying me all this time...I must be doing it the right way?
3. My patient can't transfer to the dialysis chair without 2 people assisting.



# **Previous Prior Authorization Pilots**

- **Power Mobility Device Demonstration**
  - Launched in 2012 - 7 States
  - In 1<sup>st</sup> year, monthly claims reduced from \$12M to \$4M
  - Extended to 12 additional states in 2014
  - Estimated \$740M reduction in spending over 10 years
  - Set to expire September 2015
  
- **Non-Emergency Hyperbaric Oxygen Therapy**
  - Launched in 2015 – 3 States
  
- **DME, Prosthetic, Orthotic & Supply Items**
  - Awaiting final rule





# **Present Day – The Announcement**

**Announced on CMS.gov on 5/22/14**

- **Just after 2012 Part B Provider Data release which led to increased media coverage of fraud and abuse.**
- **Section 1115A of the Social Security Act – Innovative Payment & Service Delivery Models**
- **Piggybacked on success of the Power Mobility Device Demonstration**
- **“Prior authorization will not create new clinical documentation requirements. Instead, it will require the same information necessary to support Medicare payment, just earlier in the process.”**
- **Affirmed Transports Will Not Be Subjected to Post Payment Review**





# **Present Day – Build Up to the Start Date**

- **CMS, Novitas, AAA and MTANJ**
  - **Conference Calls**
  - **Webinars**
  - **Meetings**
- **Some Providers – Preparations Begin**
- **Other Providers – Complaints**
- **Mid November 2014 – Putting it All Together**





# December 15<sup>th</sup>, 2014

- Actually...December 1<sup>st</sup>, 2014
- Warm up your fax machines...here it comes!
- Denials, Denials and more Denials
- Meetings, Phone Calls and more Meetings
- “Patients Are Going to Die!”





# One Month In

- **Providers Complaining**
  - **Patients Suffering?**
  - **The Sky is Falling!?**
- 
- **“Oooh, Look at this...This is the first time I’ve seen this...You’re affirmed”**





# Three Months In

- **Three Scenarios**
  - Providers Shutting Down
  - Providers Hanging In There
  - Providers Finding Their Groove
- **Dialysis Centers Refusing to Help**
  - “You want me...to buy a hoier lift...???”
- **The Media**







# Six Months In

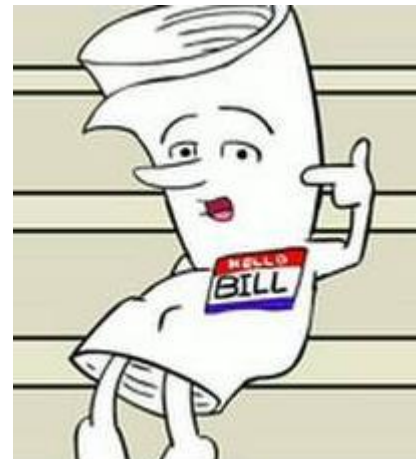
- **Two Scenarios**
  - **Providers Shutting Down**
  - **Providers Finding Success**
- **The System Seems to be Working**
  - **Wasn't That the Point?**
- **Collaborating to Find Best Practices**





# The Future; It's Almost Here

- **H.R. 2 – The “Doc Fix” Bill, Extension of Ambulance Add-Ons and...**
  - **Section 515 – Page 246 of 263 in the Bill**
    - **2016 – Remainder of the Jurisdiction L & 11 States**
      - **Delaware, Maryland, North Carolina, Virginia, West Virginia and Washington D.C**
    - **2017 – All Other States**





# Best Practices

- **Rapid Identification/Rapid Assessment**
- **PCS Forms**
- **List of Helpful Documents**
- **Repetitive Patient Questionnaire**
- **How Much is Too Much?**
- **Homebound Dialysis Patients**
- **“Appealing” Non-Affirmed**
- **Know When to Say No**





# **Rapid Identification & Assessment**

- **Call Intake**
  - **“Routine” Priority**
  - **“Routine Transport” Spreadsheet**
- **Patient Evaluators**
  - **Limit Your Exposure**
  - **Make the Decision**
- **Billing Department**
  - **Close the Loop**
  - **60 Day Reminder**





# PCS Forms

- **Go Out and Get It**
- **Be Nice But Don't Accept Imperfection**
- **Legibility is Key**
- **Must be able to Prove What's on the Form**





# Helpful Documents

- **First...Educate the Facility**
  - Charting Motivation – We're Important Too
  - Legibility is Key & Name/Date on Every Page
- **Minimum Data Set**
  - Not Every Page is Necessary
- **Nurse's Notes/Progress Notes**
  - Pain & Mental Status
- **Therapy Notes**
  - Bedfast vs. Chairfast, Ability to Sit Unattended
- **Recent Hospitalizations**
  - Consultations





# **Repetitive Patient Questionnaire**

- **Evolution of a Form**
- **Who Should Fill it Out**
- **Facility Stamp**
  - **Attestation vs. Medical Record**
- **Legibility is Key & Name/Date on Every Page**
- **“I Certify That...”**





PLACE FACILITY STAMP/LETTERHEAD HERE

## REPETITIVE TRANSPORT PATIENT EVALUATION

DATE \_\_\_\_\_ FACILITY OF ORIGIN \_\_\_\_\_

### PATIENT DEMOGRAPHICS

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

### PRIMARY CARE PHYSICIAN

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

### TREATMENT

REASON FOR TRANSPORT (CHECK ONE):

☐ DIALYSIS    ☐ RADIATION TREATMENT    ☐ WOUND CARE    ☐ OTHER: \_\_\_\_\_

TREATMENT FACILITY: \_\_\_\_\_

### PAST MEDICAL HISTORY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DURABLE MEDICAL EQUIPMENT

Durable Medical Equipment used by the patient at the facility (Check all that apply):

☐ Hospital Bed    ☐ Hoyer Lift    ☐ Slide Board    ☐ Walker    ☐ Wheelchair    ☐ Wound Vac

☐ Other: \_\_\_\_\_



PLACE FACILITY STAMP/LETTERHEAD HERE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### AMBULATORY ABILITY

\*Can the patient walk? YES NO

- With attendant? YES NO
- With walker? YES NO

• If the patient cannot walk, what is the reason/diagnosis? \_\_\_\_\_

\*Can the patient sit in a wheelchair? YES NO

- If YES: Can the patient maintain a sitting position for the length of transport? YES NO
- If NO: Why? \_\_\_\_\_

\*Can the patient get out of bed? YES NO

- If YES (Check One) ☐ With Assistance ☐ Without Assistance

\*Can the patient travel by any means other than Ambulance? YES NO

- If YES (Check One) ☐ Wheelchair ☐ Private Vehicle

### PATIENT RISK ALERTS

\*Is the patient at risk for any of the following? (Check those that apply)

☐ Aspiration ☐ Elopement ☐ Falls ☐ Seizures

- If the patient is at risk, what is the supporting diagnosis? \_\_\_\_\_

### PAIN PRECAUTIONS

\*Does the patient experience pain? YES NO

- If YES: Does the pain render the patient bed confined? YES NO
- If YES: What is the supporting diagnosis? \_\_\_\_\_
- If NO: What precludes transportation in a seated position? \_\_\_\_\_

\*What increases/decreases pain level? \_\_\_\_\_

- Pain all of the time? \_\_\_\_\_/10 Pain upon movement? \_\_\_\_\_/10
- Pain secondary to \_\_\_\_\_
- Is the patient medicated prior to transport? If YES: What medication is used? \_\_\_\_\_



PLACE FACILITY STAMP/LETTERHEAD HERE

PATIENT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

### FUNCTIONAL STATUS

\*How does the patient perform the following functions?

Walk:

☐ Self ☐ With Help ☐ Not Able

Transfer:

☐ Self ☐ With Help ☐ Not Able

Toilet:

☐ Self ☐ With Help ☐ Not Able

Feed:

☐ Self ☐ With Help ☐ G Tube

Bowel:

☐ Continent ☐ Incontinent ☐ Colostomy

Bladder:

☐ Continent ☐ Incontinent ☐ Foley Catheter

### MENTAL STATUS

\*Check all conditions that apply to the patient's cognitive response:

☐ Alert ☐ Forgetful ☐ Medicated/Sedated ☐ Unresponsive ☐ Other \_\_\_\_\_

\*Is the patient a danger to self or others? YES NO

- If YES, what is the supporting diagnosis? \_\_\_\_\_

\*Can the patient safely sit in a wheelchair, in a moving van, unattended? YES NO

- If NO, what is the supporting diagnosis? \_\_\_\_\_

### RESPIRATORY NEEDS

\*Does the patient require Oxygen? YES NO

- If YES: ☐ Continuous ☐ PRN  
• Flow Rate: \_\_\_\_\_ Liters  
• Via: ☐ Nasal Cannula ☐ Non-Rebreather ☐ Trach ☐ Vent ☐ Other: \_\_\_\_\_

\*Does the patient require suctioning? YES NO

- If YES: How often? \_\_\_\_\_



PLACE FACILITY STAMP/LETTERHEAD HERE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### ISOLATION PRECAUTIONS

\*Is the patient on isolation precautions? YES NO

- If YES: What type of isolation precautions?(Check One)

☐Airborne ☐Contact ☐Droplet ☐Reverse

- What condition(s) is/are the patient on isolation precautions for? (Check any that apply)

☐C-Diff ☐ESBL ☐MRSA ☐Other \_\_\_\_\_

- Location of infectious disease:

☐Blood ☐Nares ☐Sputum ☐Stool ☐Urine ☐Other: \_\_\_\_\_

### WOUND PRECAUTIONS

\*Does the patient have any wounds? YES NO

- Pressure Wound- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_

- Pressure Wound- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_

- Pressure Wound- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_

- Surgical Wound- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_

- Surgical Wound- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_

- Other Wounds- Site: \_\_\_\_\_ Size: \_\_\_\_\_ Stage: \_\_\_\_\_



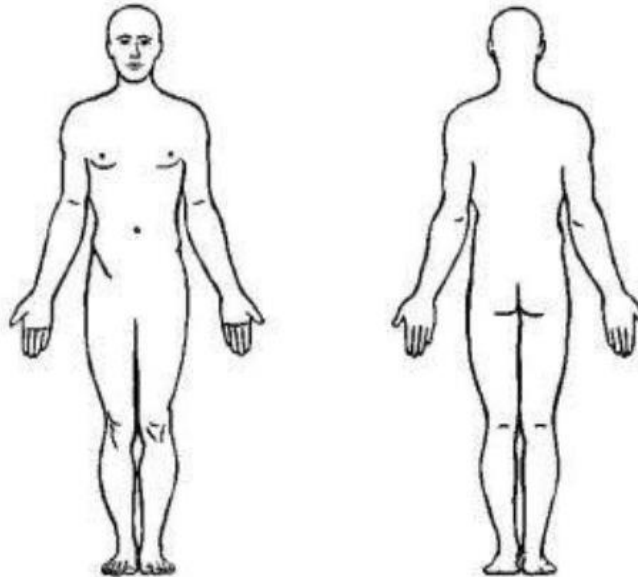
PLACE FACILITY STAMP/LETTERHEAD HERE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### BODY SURVEY

Using the key below, note the body survey where applicable:

A=Amputation C=Contracture F=Fracture P=Paralysis W=Wound



Body Survey Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Elaborate on this patient's medical necessity, then summarize the facts and indicate the appropriate level of transportation:

[illegible]

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

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# How Much is Too Much

- **It Really Depends**
  - **Evaluator Variability**
- **Scrutinize Each Page**
  - **Controlling the Narrative**
  - **Look Out for Distractors**
- **Put Yourself in the Evaluator's Shoes**







# Homebound Dialysis Patients

- **Our Policy**
- **If You're Going to Give it a Shot...**
  - **Conversations With Care Providers**
  - **Attestations**
  - **Dialysis Center Charting**





# **“Appealing” Non-Affirmed**

- **Prior Authorizations Not Eligible for “Appeal”**
  - **No Limit on Resubmissions**
  - **Find Out Who You Can Call**
    - **Making the Call**
- **Engaging the Family**
  - **“The Mayor of Hightstown”**
  - **Cutting the ALJ Line**



# Know When to Say No

- **Making a Hard Decision**
  - **Dorothy H.**





# Case Studies





# **Case Study #1**

## **Dealing with Non-Affirmed Patients**

**Sandra F.**

- **Early in the Process**
- **Large Stage IV Sacral Wound & Severe Dementia**
- **Non-Affirmed X 4**
  - **PCS Illegible**
  - **Paperwork Illegible**
  - **Documentation Does Not Support Bedbound Status**
  - **Severe Pain Only Counts When Transport >1hr!**
- **Fifth Time's a Charm!**





## **Case Study #2**

### **Patients with a “Legal Representative Payee”**

#### **Amador D.**

- **Also Early in the Process**
- **Severe Contractures & Trach Mask w/ O2 @ 8lpm**
- **Non-Affirmed x 1 for Illegible PCS Then Approved**
- **Approved 2 More Times**
  - **Follow-Up Letter From Novitas**
- **Protect Yourself – Follow the Process**





# **Case Study #3**

## **Finding Another Payor**

### **James E.**

- **Evaluators Downgraded After Day 1**
- **Deconditioned**
  - **Can't Assist with Transfer Much But He Can Safely Sit**
- **Stare Down with Dialysis Center**
  - **They Won!**
- **Logisticare to the Rescue**
  - **Timing is Everything – New Jersey RFP**







# **Case Study #4**

## **The Boneheaded Mistake**

**Joyce H.**

- **You Name It, She Had It**
- **4 Visits to the PMD's Office**
- **Affirmed**
- **One Week Later – Patient Discharged**
  - **Contracted Sub-Acute Rehab to Non-Contracted ECF**
- **Too Efficient?**





# More Boneheaded Mistakes

- **CAD Errors**
- **Paperwork**
- **Name and Date on Every Page**
- **Waiting for a Reply**
- **60 Days Comes Quick**





# Case Study #5

## **Steady as She Goes**

### Eve C.

- **Severe Contractures**
- **Affirmed 5 Times**
- **New PCS and Supporting Paperwork Each Time**
- **Alternate Evaluators**





# Summary

- **CMS: Prior Authorizations Work**
- **Participate and Prepare**
- **The Road Starts out Bumpy**
- **Bad Providers Will Fail – Not a Bad Thing**
- **Dedicate Appropriate Resources**
- **Descriptive, Clear and Legible Paperwork is Key**
- **Communicate With Your Association & Carrier**
- **Hopefully...Before Too Long...Steady as She Goes**





***Thank You!***

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