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 1st 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 15th, 2014

- Actually...December 1st, 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 hoyer 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...”
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:_________________
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? ________________
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, Type:
  - Continuous
  - PRN
  - Flow Rate: _______ Liters
  - Via: Nasal Cannula
  - Non-Rebreather
  - Trach
  - Vent
  - Other:

*Does the patient require suctioning? YES NO
- If YES, How often?
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  □ E. Coli  □ 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: __________
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:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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SUMMARY

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE AND SUPPORTED IN THE MEDICAL RECORD OF THE PATIENT. THE INFORMATION BEING UTILIZED ON THIS FORM IS BEING GATHERED TO ASSIST IN SEEKING REMUNERATION FROM THIRD PARTY PAYERs SUCH AS THE MEDICARE PROGRAM.

Evaluator Signature________________________________________Date________________________

Printed Name and Title____________________________________
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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