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Findings at a Glance

Prior Authorization Model For Repetitive Scheduled Non-Emergent Ambulance Transport (RSNAT)

Evaluation of Performance Years 2014-2019

MODEL OVERVIEW

Repetitive scheduled non-emergent ambulance transport (RSNAT) is medically necessary, scheduled, non-emergency ambulance transportation for three or more round trips in a 10-day period or at least once a week for three weeks.

The RSNAT Prior Authorization Model requires free-standing suppliers with ambulances in participating states to obtain prior authorization for RSNAT services from their Medicare Administrative Contractors (MAC) or resulting claims will be subject to prepayment review. The goal of this model is to reduce improper use of the service while maintaining quality of care.

MODEL STATES

Phase 1: Three states (NJ, PA, SC) with high historical improper payment and use
December 1, 2014 to present*

Phase 2: Six states (DC, DE, MD, NC, VA, and WV) with improper payment and use closer to the national average
January 1, 2016 to present*

PARTICIPANTS

- Ambulance suppliers garaged in the model states participate and may submit prior authorization requests for beneficiaries they transport for RSNAT services.
- Beneficiaries with end-stage renal disease (ESRD) and/or stages 3-4 pressure ulcers account for 85% of all Part B RSNAT claims.
- Due to the increased probability of these beneficiaries receiving RSNAT, the study is focused on beneficiaries with these conditions.

*Note: The model ended under Innovation Center authority as of December 1, 2020. As of December 2, 2020, the model transitioned to the authority of section 515(b) of the Medicare Access and CHIP Reauthorization Act of 2015.

FINDINGS

- The model dramatically reduced both RSNAT service use and RSNAT expenditures, by 72% and 76%, respectively, resulting in a reduction of approximately $750 million in RSNAT service expenditures and total Medicare savings of $1 billion for beneficiaries with ESRD and/or severe pressure ulcers.
- Overall, the model had no meaningful impact on quality or access to care.

$1 billion

Approximate savings to the Medicare Trust Fund

This document summarizes the evaluation report prepared by an independent contractor. To learn more about the RSNAT Model and to download the full evaluation report, visit: http://go.cms.gov/3bA6YIh

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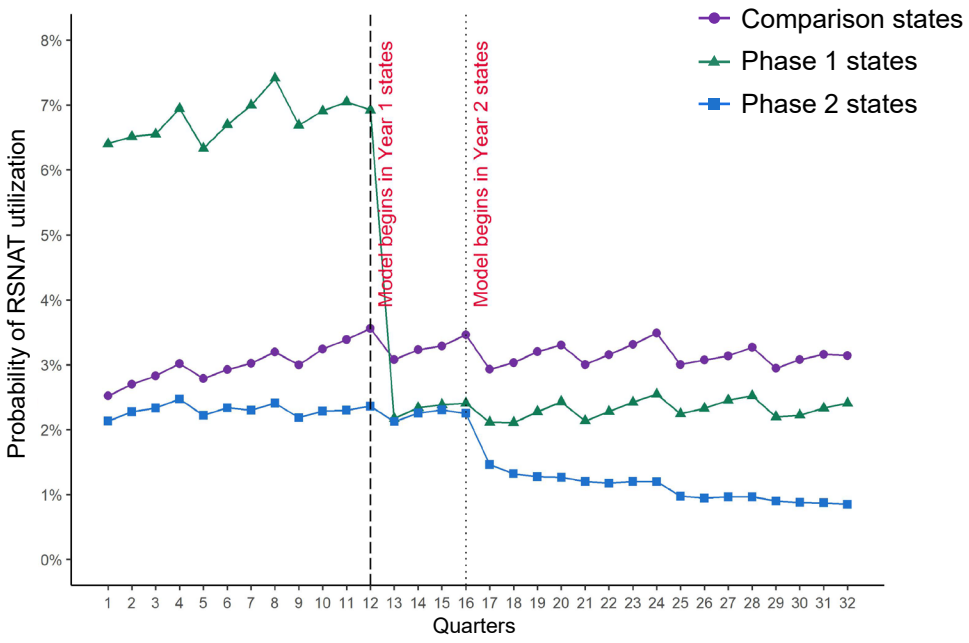
Decreased RSNAT utilization



72%

decrease in the quarterly probability of RSNAT utilization among beneficiaries with ESRD and/or pressure ulcers

Decreased Medicare expenditures

Among beneficiaries with ESRD and/or pressure ulcers:

- 76% decrease in RSNAT service expenditures
- 2.4% decrease in total Medicare FFS expenditures

Among beneficiaries with ESRD and pressure ulcers:

- 52% decrease in RSNAT service expenditures
- 2.5% decrease in total Medicare FFS expenditures

Among beneficiaries with ESRD only:

- 82% decrease in RSNAT service expenditures
- 4.3% decrease in total Medicare FFS expenditures

Among beneficiaries with pressure ulcers only:

- 47% decrease in RSNAT service expenditures
- 1.2% increase in total Medicare FFS expenditures

KEY TAKEAWAYS

The RSNAT Prior Authorization Model was successful in reducing RSNAT service use, RSNAT expenditures, and total Medicare spending while maintaining overall quality of and access to care levels. The model transitioned to Section 515 of the Medicare Access and CHIP Reauthorization Act of 2015 authority as of December 2020 and continues without interruption in the current states.