March 24, 2020

Position Statement Regarding the Potential Effects of Prior Authorization to South Carolina’s Ambulance Readiness Posture during COVID – 19

Background:

• Since December 2014 South Carolina’s ambulance providers have been operating under phase I of a CMS demonstration project for Prior Authorization (PA) of repetitive scheduled non-emergency transportation. This prior authorization demonstration project has led to an increase in administrative burden, primarily in paperwork generation, for the organizations that provide this vital, life sustaining service to South Carolinians in need.

• Furthermore, as detailed in a Medicare Learning Network update dated April 1, 2018, South Carolina ambulance providers were notified of an additional payment reduction, totaling 23% for these types of transports. The following language was taken from article MM10549: Change Request (CR) 10549 provides instructions regarding Section 53108 of the Bipartisan Budget Act of 2018. This section reduces the ambulance payment by 23 percent for nonemergency Basic Life Support (BLS) transports of individuals with End-Stage Renal Disease (ESRD), to and from renal dialysis treatment.

• Per SCDHEC Office of EMS and Trauma, as of the drafting of this document, there are 273 licensed EMS agencies in SC, of these approximately 180 are private EMS. The rest are distributed amongst County 911, First Responder, Aeromedical, and Specialty Care. Regarding transport assets available, there are 2,082 permitted ambulances in South Carolina, 54 rotor wings (some rotors are located in GA and NC, but are permitted in SC), 9 fixed wings, and 4 mass casualty busses. Of the ambulance assets, approximately 600 are utilized by 911 transport agencies, the balance of approximately 1482 are distributed throughout the state in our private EMS agencies.

• In South Carolina there are no differences in the regulation of staff or equipment for an ambulance to be permitted in SC; an ambulance is an ambulance and they can, and do, respond to all types of calls regardless of the fact they are operated by a private or public agency.

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SC EMS Association Position:

While the ambulance and EMS providers that serve the state of South Carolina have been operating under the PA demonstration model since 2014 and dealing with the administrative burden of PA since that time, the impacts of the additional decrease in reimbursement of 23% that was implemented October 1st, 2018, combined with the impact that COVID – 19, is not yet known in our state. What we do know is that private ambulance providers have been impacted just as other small business across our nation.

It is the position of the SC EMS Association that a reduction in EMS units, private or public, to our state could be a detriment to our critical delivery of emergency healthcare services to the state. The loss of any service, large or small, would be felt as our state has utilized units from small agencies with 2 or 3 ambulances to our largest in state resource with over 100. During this COVID – 19 response, it is most definitely an "all hands on deck" event and we need every hand we have to get the job done safely, quickly, and completely.

It is the desire of the SC EMS Association to provide the above background information to CMS for future policy decisions regarding PA. The association respectfully requests South Carolina be immediately excluded from the PA demonstration project to allow for the effects of the 23% reduction in reimbursement and the effects of COVID – 19 to be fully realized before our ability to serve our citizens is severely hampered.

I stand ready to discuss any of these issues or the position of the SCEMSA with any interested party. My contact information is included below.

Respectfully submitted,

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Sources:
