

**Medicare Ambulance Access, Fraud Prevention and Reform Act (H.R. 745, S. 377)**  
***Bill Summary***

**Title I: Medicare Ambulance Relief**

Permanently incorporates into the Medicare ambulance fee schedule rates the current temporary 2 percent urban, 3 percent rural, and super rural bonus payments.

The Secretary of HHS is required to submit a report to Congress detailing the features of a reformed payment system for ambulance services under the Medicare program no later than January 1, 2020.

**Title II: Dialysis Transport Reform**

Requires the Secretary of HHS to establish a process for providing prior authorization for nonemergency basis life support (BLS) ambulance transport of Medicare beneficiaries to and from dialysis centers. After the submission of appropriate documentation, Medicare contractors are required to respond in a timely manner with a 60-day minimum prior authorization that deems transport a medical necessity. Clarifies the determination of medical necessity for dialysis transports. Requires the Secretary to describe the process publicly no later than June 30, 2016 with national implementation on January 1, 2017.

Defines all entities that provide ambulance services as “providers” under Medicare.

**Title III: Medicare Ambulance Payment Reform**

Directs CMS to establish a cost data collection system no later than July 1, 2016, for ambulance providers which would define national prototype ambulance entities, establish specific allocation methods and data elements for each type, and be implemented through a purposive survey of representative organizations. All ambulance service providers would provide data about the characteristics of their operation. CMS would then a minimum of every three years survey a statistically significant number of providers in each provider category to collect cost data. Once a provider is surveyed, they could not be surveyed again until all providers in their category are surveyed. Beginning July 1, 2017, providers selected to provide cost information and who do not comply with the request to submit the required data will receive a 5% reduction to their payments for 1 year. CMS must consult with stakeholders.