

National AB MAC Ambulance Provider/Supplier Coalition Meeting



Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

January 14, 2026



Virtual Webinar

Instructions

Today's Handouts

We will email the handouts (Presentation and Certificate of Attendance) to all attendees within 2 business days

Have a Question?

- Questions can be submitted in the “Chat Box” located at the top of your Teams screen
- The “Chat Box” feature will be **INACTIVE** until the conclusion of the presentation. Questions will be addressed at the end of the webinar, giving the audience an opportunity to enjoy the session without interruption
- You will be able to unmute your mic, for verbal inquiries (Please identify the MAC your question is for)
- Be sure that inquires (verbal and/or written) **DO NOT** include PHI, PII or claim specific detail.

National A/B MAC Ambulance Provider/Supplier Coalition

The Provider Outreach and Education (POE) staff from each of the A/B Medicare Administrative Contractors (MACs) developed this material. The goals of this group are identified within our Charter Statement which is included in this material



Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group



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- This presentation is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.
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Agenda

- Welcome and Introductions
- Ambulance Documentation and Medical Necessity Presentation
- Question and Answer Session



Acronym List

Acronym	Definition
ABN	Advanced Beneficiary Notice
ADR	Additional Documentation Request
ALS	Advance Life Support
CMS	Centers for Medicare & Medicaid
CWF	Common Working File
EMS	Emergency Medical Services
ET3	Emergency Triage, Treat, and Transport
FISS	Fiscal Intermediary Shared System (FISS)
MAC	Medicare Administrative Contractor
PCS	Physician Certification Statement
RSNAT	Repetitive scheduled non-emergent ambulance transports
SNF	Skilled Nursing Facility
TPE	Targeted Probe & Educate (TPE)

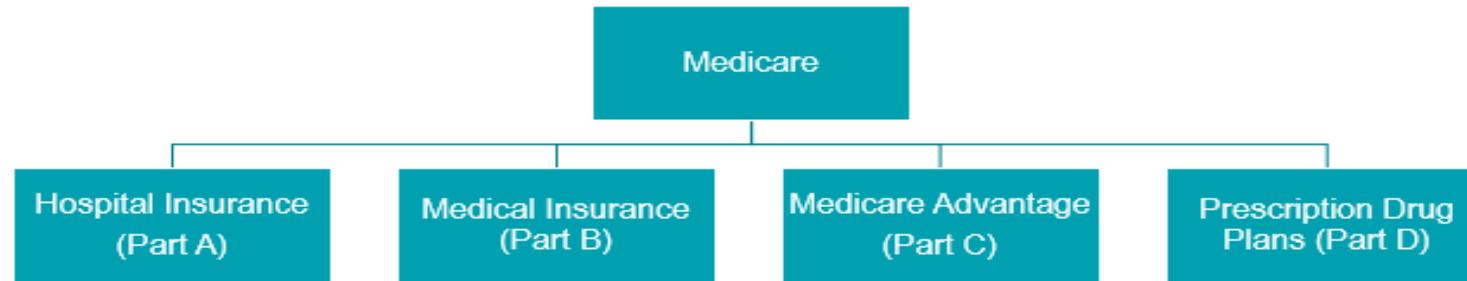


Welcome and Introductions



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Medicare Program

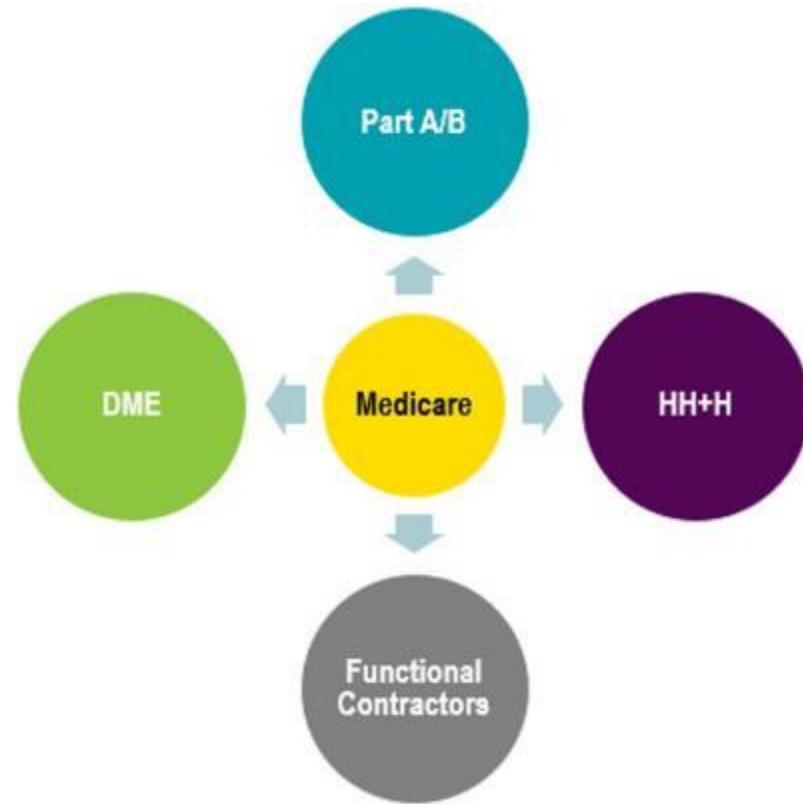


- **Background:**
 - Centers for Medicare & Medicaid (CMS) is the federal agency responsible for providing health coverage for the Medicare program
 - Medicare program is the largest health insurance program in the United States
- **Purpose:**
 - Provides insurance coverage to individuals eligible to enroll based on:
 - Age 65 and older
 - Disability under the age of 65
 - Permanent kidney failure (end stage renal disease)
- **References:**
 - [Centers for Medicare & Medicaid Services](#)
 - [What Medicare Part A Covers](#)
 - [What Medicare Part B Covers](#)
 - [Medicare Advantage Plan Directory](#)
 - [Prescription Drug Plan Directory](#)
- **Note:** MACs do not have information or answer questions on Medicare Advantage plans (Part C) or Prescription Drug plans (Part D)



CMS Contractors

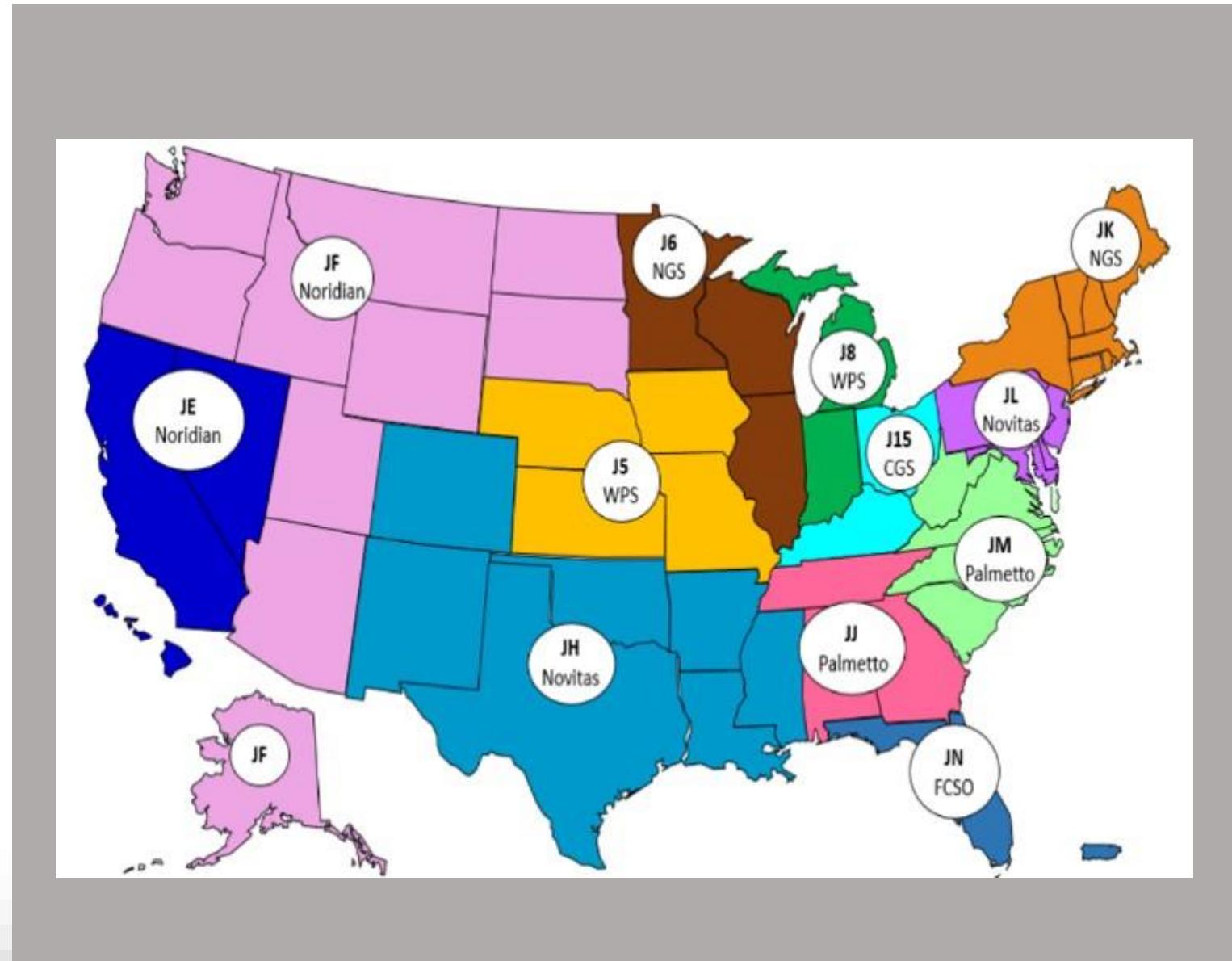
- Medicare Administrative Contractor (MAC) definition:
 - MACs are multi-state, regional contractors responsible for processing Medicare claims for a defined geographic area or “jurisdiction”:
 - Part A: hospital insurance
 - Part B: medical insurance
 - Durable Medical Equipment, Orthotics, and Prosthetics (DMEPOS)
 - Home Health and Hospice (HH+H)
- Functional contractors' definition:
 - Other CMS contractors who assist with:
 - Facilitating program integrity activities
 - Performing administrative functions
 - Promoting equitable access to high quality and affordable health care
 - Reference: [What's a MAC](#)



A/B MACs

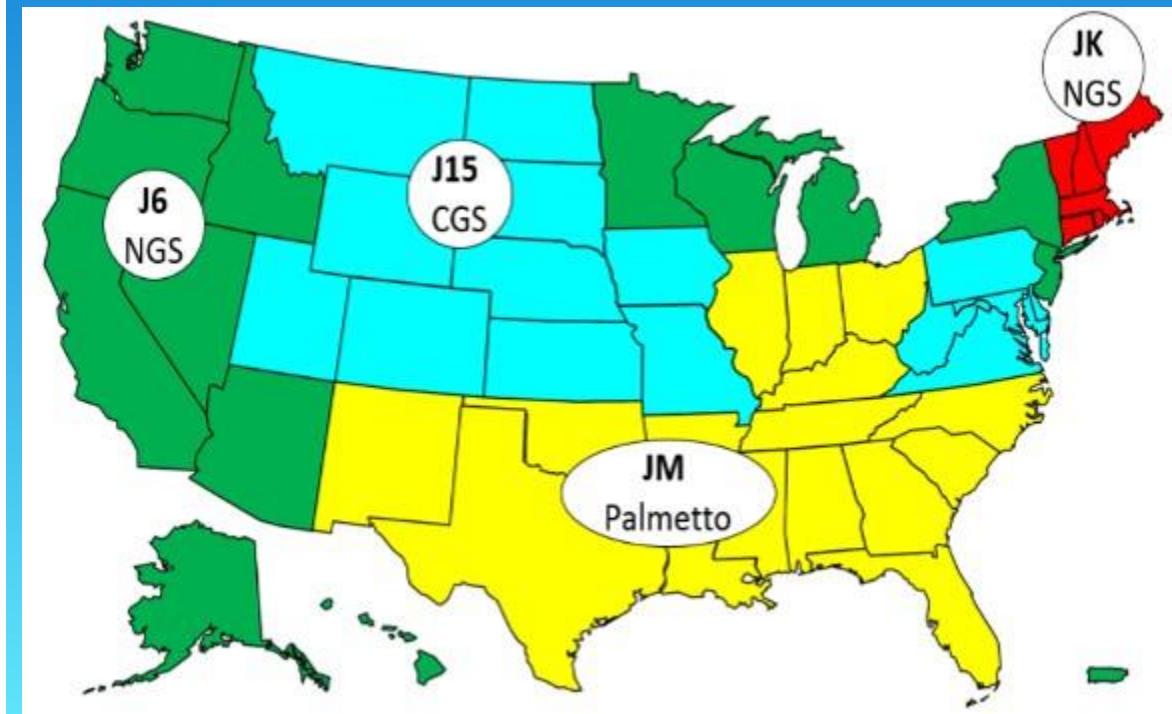
- A MAC is a contractor that performs Medicare fee-for-service claims administration services that is awarded a contract through competitive procedures based on Section 1874A of the Social Security Act.

- Reference:
 - [CMS: Who are the MACs](#)



Home Health and Hospice (HHH) MACs

- There are four A/B MACs that process home health and hospice claims in addition to their typical Medicare Part A and Part B claims
- The four HHH areas do not coincide with the jurisdictional areas covered by the A/B MACs
 - National Government Services (NGS)
 - Jurisdictions K & 6
 - CGS
 - Jurisdiction 15
 - Palmetto GBA
 - Jurisdiction M



What MACs Do



Goal of the National AB MAC Ambulance Provider/Supplier Coalition

- Improve Communication
- Support Innovation
- Preserve Integrity
- Provide Quality Customer Service
- Create a Responsible, Collaborative Provider Community
- Protect Beneficiaries and Providers



Ambulance Documentation and Medical Necessity



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Getting Started



Contraindicated

Transport meets Medicare's medical necessity criteria

- Only safe means of transport

[Social Security Act Section 1861 \(s\)\(7\)](#)



Medically Necessary

Establish the patient's need for the level of transport

- Air when ground is safe
- Ground level
- Drives the [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) use



Consider

- Assessment per trip
 - No round trip for Part B
- Known at the time of transport
 - Dispatch reason
 - On-scene complaint
 - Bystander information
 - Hospital reports
 - Physician Certification Statement (PCS)
 - Inpatient



Documentation Components



Documentation Basics

- All ambulance trips must stand alone
- Must support medical necessity
 - Detailed patient condition information
- Must support the billable loaded mileage
- Must include run sheets
- Must include PCS, if applicable
- Why receiving facility is not within locality, if applicable
- Must include date of transport



Run Sheet

- Complaint reported by dispatch
- Details of patient's condition and chief complaints
- Services rendered
- Pick Up and Drop Off times and locations
- Loaded mileage
- Response mode
- Prior aid
- Trauma triage criteria
- Medications
- Procedures
- Vital signs
- Crew information
- Destination

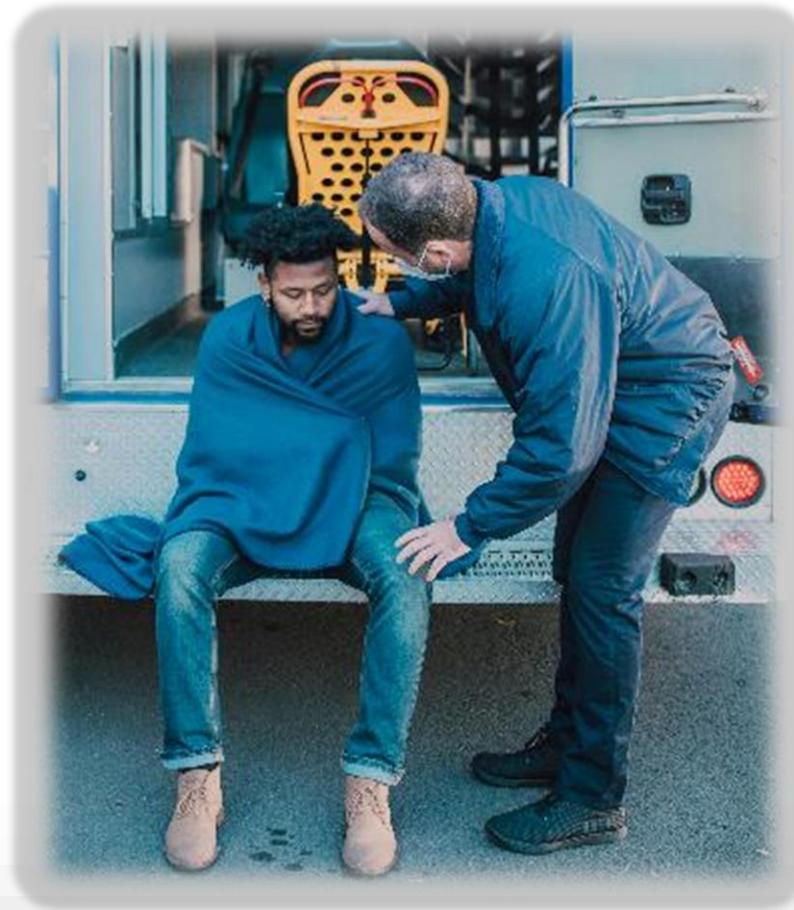
Additional Documentation

- Destination was nearest appropriate facility
 - Reason for by-passing close facility
- Assignment of benefits
- If applicable
 - ABN
 - Signature attestation statement



EMT Assessment Documentation

- Detailed physical assessment findings
 - Use your senses
 - Include vital signs, neurologic status, respiratory status
- Describe patient's condition and functional status
- Observations at the scene
- Relevant patient history



Identifying Information

Each documentation must contain:

- Patient identifying information
- Date(s) of service
- Provider identifying information



Helpful Hints

- Include all documentation supporting the claim billed
 - Third party documentation
- ADRs contain recommended documentation
 - Not an all-inclusive list
- No duplicate medical review forms
 - Same review entity request
- Check the MACs portal requests
 - The ADR letters are available for review



Respond



Entity Requesting

Respond to the requesting entity

- Comprehensive Error Rate Testing (CERT)
- Medicare Administrative Contractor (MAC)
- Office of Inspector General (OIG)
- Recovery Audit Contractor (RAC)
- Supplemental Medical Review Contractor (SMRC)
- Unified Program Integrity Contractor (UPIC)



Look-Up

CMS [Map: Review Contractor Directory – Interactive Map](#) webpage

Map: Review Contractor Directory - Interactive Map

The Review Contractor Directory-Interactive Map allows you to access state-specific CMS contractor contact information. You may receive correspondence from one or several of these contractors in your state. They may request medical records from you, as they perform business on behalf of CMS. You can use this website to access their contact information including emails, phone numbers and websites.



Select a State:

-Select a state -



ADR

- Recommend responding within 30 days
 - Required 45 days
- Include all supporting documentation
 - Signatures
 - Assessment
 - Origin and destination addresses
- Include the MACs identifying information



ADR Submission

Choose your method

- Preferred methods
 - MAC Portals
 - [Electronic Submission of Medical Documentation \(esMD\)](#)
- Other Options
 - Fax
 - Mail
 - Paper
 - CD



CMS Targeted Probe and Educate (TPE)

- Uses one-on-one education to help reduce claim denials and appeals
- Increase MAC's accuracy by using data analysis to identify:
 - Who has high claim error rates or unusual billing practices
 - Items and services with high national error rates and a Medicare financial risk



TPE Process

Steps	Actions
Selection	Data Analysis determines utilization patterns, trends, billing comparisons, questionable practices
Letter	Contains: reason for selection, process explanation, contact information
Claim ADR	Review payment determination based on documentation receive date <ul style="list-style-type: none">• 30 days for pre-payment reviews• 60 days for post-payment reviews
Education	Curable error
Cycle	Three Rounds <ul style="list-style-type: none">• 20-40 pre & post-pay claims• Error rate >20%• Subsequent rounds 45



MAC Contacts



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CGS



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CGS Medicare Part A

Medicare Administrative Contractor

Jurisdiction 15

Includes Medicare Part A institutional providers in Kentucky and Ohio



www.cgsmedicare.com

[Jurisdiction 15 Part A](#)

Provider Resources

Assistance is available!

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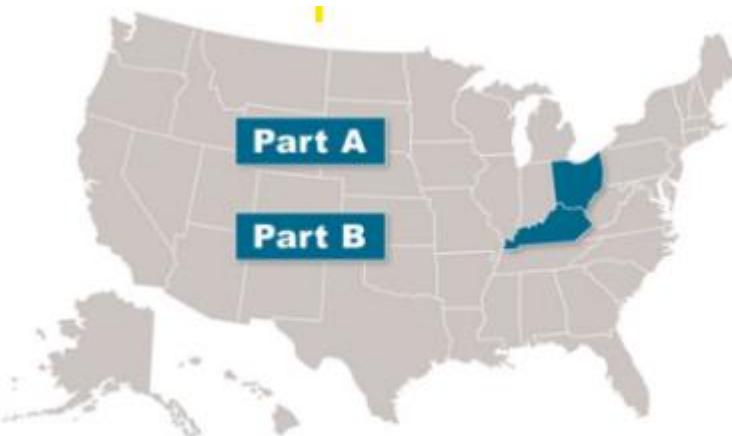
[CGS Medicare Mobile App](#)

CGS Medicare Part B

Medicare Administrative Contractor

Jurisdiction 15

Includes Medicare Part B physicians, practitioners, and suppliers (not DMEPOS) in Kentucky and Ohio



www.cgsmedicare.com

Jurisdiction 15 Part B

Provider Resources

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Education

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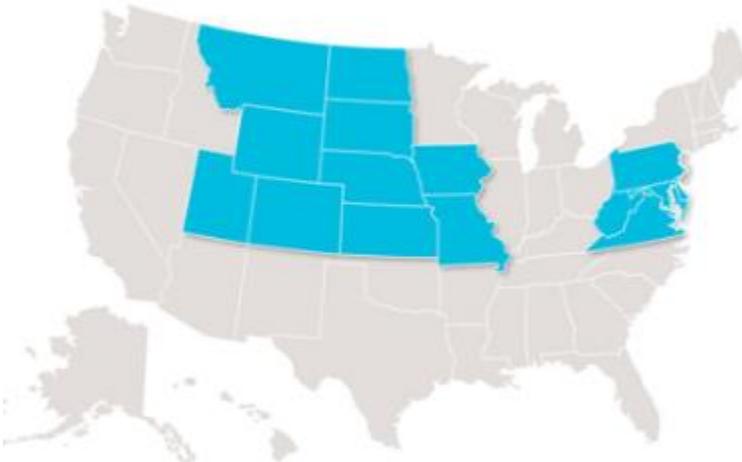
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Jurisdiction 15

Includes Home Health and Hospice providers in Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, South Dakota, Pennsylvania, Utah, Virginia, West Virginia, Wyoming, District of Columbia



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[Home Health and Hospice](#)

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First Coast



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First Coast Service Options

Medicare Administrative Contractor

Jurisdiction N (JN)

Florida, Puerto Rico and the US Virgin Islands



English
Medicare.fcsco.com
Spanish
Medicare.fcsco.com/es

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[Enrollment Application Assistance Tool](#)

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Customer Service 1-888-664-4112

Provider Enrollment 1-888-845-8614

SPOT Help Desk 1-855-416-4199

IVR 1-877-602-8816

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National Government Services, Inc.

Medicare Administrative Contractor

Jurisdiction K (JK)

Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont



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Provider Resources

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Ambulance Guidance

[NGS Part A Website](#)

[Part A Ambulance Articles](#)

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CMS Resources

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[CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 15](#)

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IVR 1-877-869-6504

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Jurisdiction 6 (J6)

Illinois, Minnesota, Wisconsin



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[CMS Website — RSNAT Prior Authorization](#)

[CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 15](#)

[CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 10](#)

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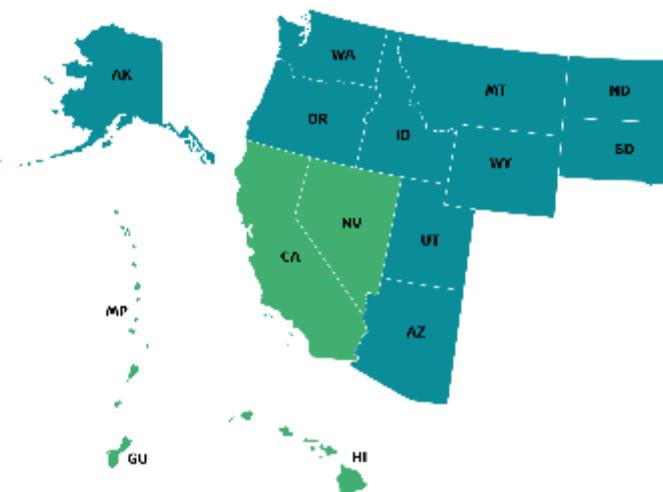
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Noridian Healthcare Solutions

Medicare Administrative Contractor JE

Jurisdiction E (JE)

California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands



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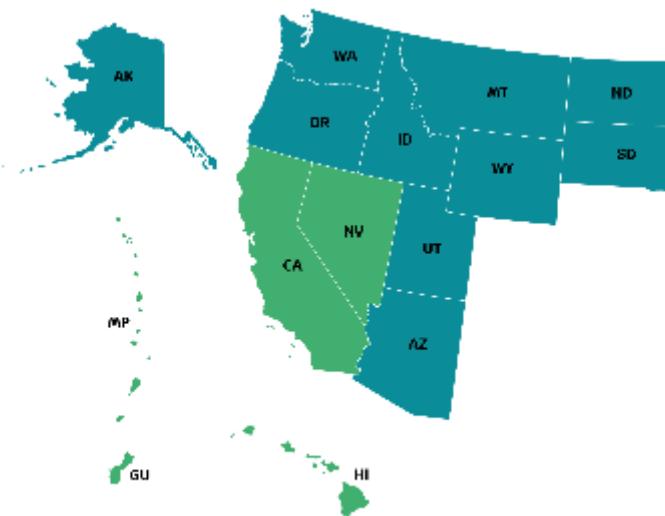
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Noridian Healthcare Solutions

Medicare Administrative Contractor JF

Jurisdiction F (JF)

Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming



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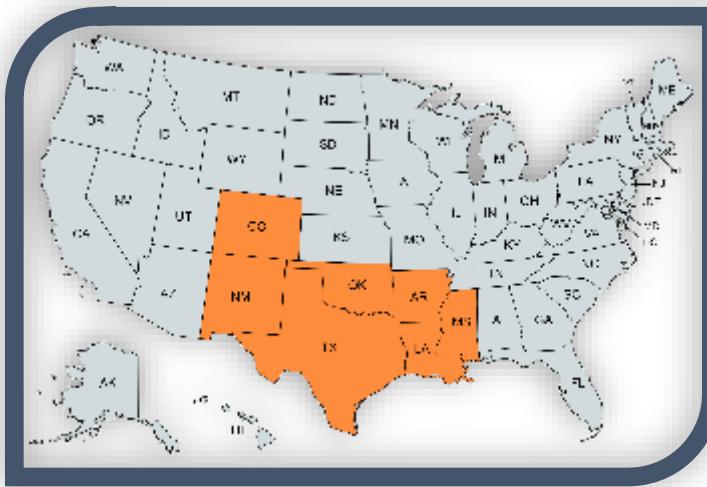
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Novitas Solutions

Medicare Administrative Contractor JH

Jurisdiction H (JH)

Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and includes Indian Health Service (IHS) and Veterans Affairs (VA) nationally



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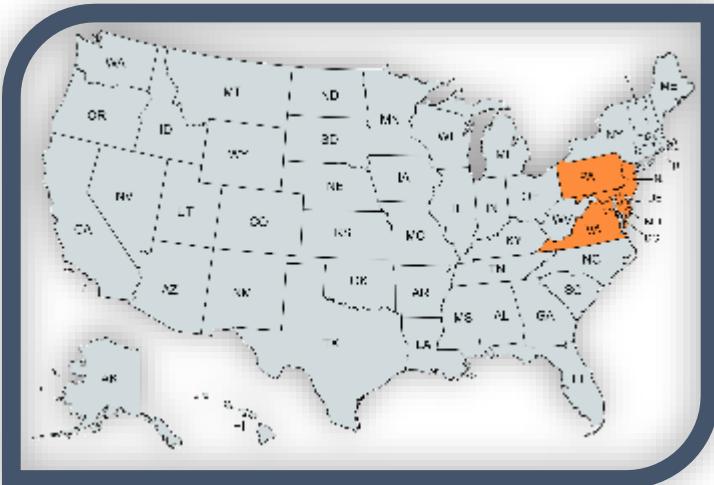
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Novitas Solutions

Medicare Administrative Contractor JL

Jurisdiction L (JL)

Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania as well as Arlington and Fairfax counties in Virginia, and the cities of Alexandria, Fairfax, and Falls Church in Virginia for Part B services only



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Palmetto GBA Medicare Part A/B

Medicare Administrative Contractor

Jurisdiction J (JJ)

Alabama, Georgia, and Tennessee

Jurisdiction M (JM)

Virginia, West Virginia, North Carolina, and South Carolina



www.palmettogba.com

Provider Resources

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Education

[JJ Part A Events and Education](#)

[JJ Part A Education on Demand](#)

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[JM Part B Provider Enrollment](#)

[Revalidation Lookup Tool](#)

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Electronic Data Interchange

[JJ Part A EDI Enrollment, Tools, Software and Technical Specifications, and FAQs](#)

[JM Part A EDI Enrollment, Tools, Software and Technical Specifications, and FAQs](#)

[JJ Part B EDI Enrollment, Tools, Software and Technical Specifications, and FAQs](#)

[JM Part B EDI Enrollment, Tools, Software and Technical Specifications, and FAQs](#)

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Provider Contact Center JJ Part B

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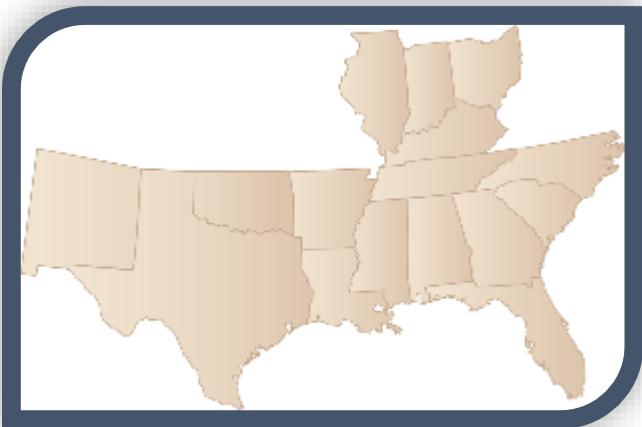
Palmetto GBA Medicare

HHH

Medicare Administrative Contractor

Jurisdiction M (JM)

Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee and Texas



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Provider Enrollment

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[JM HHH Provider Enrollment Application Status](#)

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[HHH EDI Enrollment, Tools, Software and Technical Specifications, and FAQ](#)

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Provider Contact Center HHH

1-855-696-0705

Monday – Friday 8 a.m. – 5 p.m. (ET)

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Palmetto GBA Medicare Part B

Railroad Board Specialty Medicare
Administrative Contractor (RRB SMAC)

RRB SMAC

All US States and Territories
Special contractor for Part B services for
Railroad Medicare beneficiaries.

The Railroad Retirement Board (RRB) works
with CMS to ensure Railroad beneficiaries
receive the same benefits as their SSA Medicare
counterparts.

The RRB SMAC's jurisdiction covers Railroad
Medicare patients nationwide for Part B
services.

www.palmettogba.com/rr

Provider Resources

Assistance is available!

Education

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Provider Enrollment

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RRB SMAC Provider Contact Center

1-888-355-9165
Mon. – Friday 8:30 a.m. – 4:30 p.m. (ET/CT/MT)
Monday – Friday 8 a.m. – 4 p.m. (PT)

Interactive Voice Response (IVR)

1-877-288-7600
Monday – Friday 7 a.m. – 11 p.m. (ET)

Email RRB SMAC

Fax: (803) 264-9844

U.S. Mail

Palmetto GBA Railroad Medicare
P.O. Box 10066
Augusta GA 30999

FedEx, USPS, Certified Mail

Palmetto GBA Railroad Medicare
2743 Perimeter Parkway, Bldg. 200
Augusta, GA 30999

WPS



Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

Wisconsin Physicians Service

Medicare Administrative Contractor J5

Jurisdiction 5 (J5)

Iowa, Kansas, Missouri, Nebraska



Jurisdiction 8 (J8)

Indiana and Michigan



www.wpsgha.com

Provider Resources

Assistance is available!

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[Encore Presentations](#)

Provider Enrollment

[Guides and Resources](#)

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WPS GHA Portal

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Customer Contact Center

J5

1-866-518-3285

Monday – Friday 7 a.m. – 5 p.m. CT

J8

1-866-234-7331

Monday – Friday 8 a.m. – 5 p.m. ET

Contacts for Both Contracts

[Phone numbers and mailing addresses](#)

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Ambulance Resources

- [CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.40 - Coverage of Ambulance Services](#)
- [CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.41- Requirements for Ambulance Suppliers](#)
- [Medicare Benefit Policy Manual, Pub. 100-02, Chapter 10 - Ambulance Services](#)
- [Medicare Claims Processing Manual, Pub. 100-04, Chapter 15 - Ambulance](#)



Questions



Thank you for attending!



Medicare Part A and B
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