Attachment A: CMS Response

file FICEMS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-12-25
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations/Survey and Certification Group

STATEMENT

The Institute of Medicine (IOM) reports -- "Hospital-Based Emergency Care", "Emergency Care for Children", and "Emergency Medical Services" -- represent an objective assessment of the status of our nation's overall emergency care system. In addition to issuing these three reports, the IOM held regional workshops to discuss the findings and recommendations, encouraging an open discussion on this issue. We commend the IOM for holding the workshops and supporting the continuing dialogue.

Recognizing the importance of the IOM "Future of Emergency Care" reports, HHS convened an internal senior staff level workgroup to examine the three reports, discuss the 22 recommendations directed at HHS, including this one.

This workgroup has met regularly since 2006. The workgroup includes representatives from Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) throughout the department including the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services, Food and Drug Administration (FDA), Assistant Secretary for Health (ASH), Agency for Healthcare Research and Quality (AHRQ) and Health Resources and Services Administration.

With respect to this recommendation, the Medicare statute is clear that the ambulance benefit is a transportation benefit. Medicare pays for both emergency and non-emergency transport of Medicare beneficiaries where the use of another method of transport is contraindicated by the individual's condition. The payment for an emergency transport is higher in recognition of the additional overhead cost of maintaining the resources required to respond immediately to a call and not for the cost of furnishing a certain level of service to the beneficiary. Given that a statutory change would be required for Medicare to permit payment without transport and that Medicare already pays for its costs associated with maintaining readiness, we do not believe the Centers for Medicare & Medicaid Services should convene such an ad hoc working group. Some of the important issues raised by the IOM reports could be better addressed through a broad based coordinated effort that examines all payers and funding sources for emergency care services.

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