



# Ground Ambulance Data Collection System Final Rule

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# Agenda

1. Review of the CY 2020 Physician Fee Schedule (PFS) Final Rule including the statutory requirement and finalized proposals.
2. Summarize the information that sampled ambulance organizations will need to collect and report.
3. Provide an overview of CMS outreach and education activities.

# CY 2020 PFS Final Rule

- Display Date: November 1, 2019, Publication Date: November 15, 2019
- The establishment of a Ground Ambulance Data Collection System begins on page 926 of this document.
- Federal Register Display copy is available on our Ambulances Services website: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.  
Under spotlights, 1st bullet, click on CY 2020 PFS final rule.

Other information on our website includes:

- List of ground ambulance organizations sampled to collect and report data in the first year of the system.
- List of required information (Quick Reference Guide).
- Frequently asked questions (FAQ) document.

# Statutory Requirement for Ground Ambulance Providers and Suppliers To Submit Cost and Other Information

Final Rule: Section 2

# Statutory Requirements

- Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 adds a new paragraph (17) to section 1834(l) of the Act.
- The BBA of 2018 requires CMS to finalize regulations for a ground ambulance data collection system by December 31, 2019. CMS must specify the data collection system and identify the providers and suppliers required to submit information each year through 2024, and no less than once every 3 years after 2024. The system is required to collect cost, revenue, and utilization data for ground ambulance providers and suppliers that would allow analysis of the relationship between the reported costs and payment rates.
- It also must collect data on the utilization of capital equipment and ambulance capacity along with the different ground ambulance services furnished in different geographic locations (with an emphasis on rural and “super rural” areas).

# Statutory Requirements

- It must be a representative sample of the type of providers and suppliers (such as emergency service or government organization) across all geographic locations, in which services are furnished. If a provider or supplier doesn't sufficiently report, a 10% payment reduction to the Ambulance Fee Schedule (AFS) payments will be applied.
- The statute also requires Medicare Payment Advisory Commission (MedPAC) to submit a Report to Congress analyzing the adequacy of payments for ground ambulance services and geographic variations in the cost of furnishing services. The report must contain an analysis of the information submitted, an analysis of any burden associated with the data collection system, a recommendation as to whether the information should continue to be collected or if the data collection system should be revised, and other information deemed appropriate by MedPAC.

# Finalized Proposals for Sampling

Final Rule: Section 5

# Eligible Organizations

- We finalized our proposal to sample from all National Provider Identifiers (NPIs) that billed Medicare for ground ambulance services in a prior year (2017 for the first year of data collection):
  - This is the unique identification number for your organization.
  - Please make sure your organization's information is up to date:
    - <https://nppes.cms.hhs.gov/>
- We finalized our proposal to describe eligible organizations in terms of their volume of Medicare billed transports, service area population density, ownership, provider versus supplier status.

# Sample Size

- We finalized our proposal to sample 25 percent of ground ambulance organizations in each year.
- A sample of this size is expected to cover all subgroups of ground ambulance organizations, regardless of whether Medicare currently collects the data necessary to identify subgroups.
  - The instrument will collect information on other characteristics, including the use of volunteer labor.
- There are approximately 10,600 ambulance providers and suppliers that bill Medicare, so under CMS's finalized approach, the sample will include approximately 2,650 organizations per year.
- List of Ground Ambulance Providers and Suppliers Selected to Submit Data in Year 1 can be found at: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

# Finalized Proposals for Collecting and Reporting of Information Under the Data Collection System

Final Rule: Section 6

# Collecting and Reporting of Information Under the Data Collection System

- Data Collection: We finalized our proposal on a continuous 12 month data collection period based on the ambulance provider or supplier's annual accounting period (either calendar or fiscal year).
- Data Collection period: We finalized our proposals that the first data collection period be January 1, 2020 through December 31, 2021, with organizations reporting on a calendar year basis collecting data from January 1, 2020 through December 31, 2020, and organizations reporting on a fiscal year basis collecting data over a continuous 12-month period of time from the start of the fiscal year beginning in calendar year 2020.
- Data Reporting period: We finalized our proposal to allow up to 5 months to report to CMS the data following the end of its 12 month data collection period.

# Timeline for Sampled Organizations

**Prior to data  
collection  
period**

- Print preview of data collection instrument, ensure organization is prepared to collect all required information.
- Notify your Medicare Administrative Contractor (MAC) of your organization's 12-month data collection period.

**Data  
collection  
period**

- Collect required information over a continuous 12-month time period.

**<5 months  
following end of  
data collection**

- Enroll in the Medicare Ground Ambulance Data Collection System
- Report information via web-based instrument.

# Finalized Proposals For Payment Reduction for Failure To Report

Final Rule: Section 7

# Payment Reduction For Failure to Report

- We finalized our proposal to make a determination that the ground ambulance organization is subject to the 10 percent payment reduction no later than 3 months following the date that the ambulance organization's data reporting period ends.
- We finalized our proposal that if we find the data reported is not sufficient, we would notify the ground ambulance organization that it will be subject to the 10 percent payment reduction for ground ambulance services during the next calendar year.
- We finalized our proposals to apply for hardship exemption and informal review.

# Finalized Proposals For Data Availability

Final Rule: Section 8

# Data Availability

- We finalized our proposal to post on our website a report that includes summary statistics, respondent characteristics, and other relevant results in the aggregate so that individual ground ambulance organizations are not identifiable.
- The data will be available to the public on our website at least every 2 years.
- We will post summary results by the last quarter of 2022.

# Required Information for Collection and Reporting



# General Principles for Collecting and Reporting Information

- Unless otherwise specified, report on all ground ambulance services, costs, and revenue, not just Medicare services, costs, and revenue.
- Report each cost and revenue item only once. Do not double count as that will result in overstating of cost and/or revenue information.
- Report on services, costs, and revenue tallied over your organization's entire 12-month data collection period.
- Unless specified in the instructions, do not report estimates or “best guesses.” Your organization may need to change the way some information is tracked during the data collection period so that you will be able to report accurate information.
- Your organization will need to collect cost information from outside your ground ambulance organization in some cases (e.g., if your municipality pays for facilities, utilities, or benefits).

# The Data Collection System Relies on Two Sources of Information on Your Organization

**National Provider Identifier (NPI)**: A 10-digit number used to uniquely identify healthcare providers in a standard way.  
To view or update your information: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>

**Medicare Provider Enrollment, Chain, and Ownership System (PECOS)**: The system that Medicare providers and suppliers of service use to maintain their enrollment in Medicare.  
To view or update your information: <https://pecos.cms.hhs.gov/pecos/login.do>

- NPIs are sampled to collect and report data.
- NPIs are contacted using mailing and email addresses from PECOS.

# Broad Categories of Information

- Organizational characteristics
- Services provided
- Information on costs
- Information on revenue

# Organizational Characteristics

- Whether your ground ambulance organization bills using one or more National Provider Identifiers
- Organization name and contact information
- Ownership type (for-profit, non-profit, government, public-private partnership)
- Services other than ground ambulance services (e.g., fire, police, hospital, air ambulance)
- Whether your organization uses volunteer labor
- Staffing model

Responses in this section will help tailor later questions to be more relevant to your organization

# Service Areas

- ZIP codes which comprise your primary and secondary (if applicable) service areas

Primary Service Area: The area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur

Secondary Service Area: Other areas where you regularly provide services through mutual or auto-aid agreements

- Do not report areas where your organization provides services only under exceptional circumstances

# Trip and Response Times

- Average trip time in primary/secondary service areas

## For Organizations Responding to Emergency Calls for Service:

- How your organization tracks response times
- Average and 90<sup>th</sup> percentile response times in primary/secondary service areas
- Whether your organization is required or incentivized to meet response time targets

# Counts of Services Provided

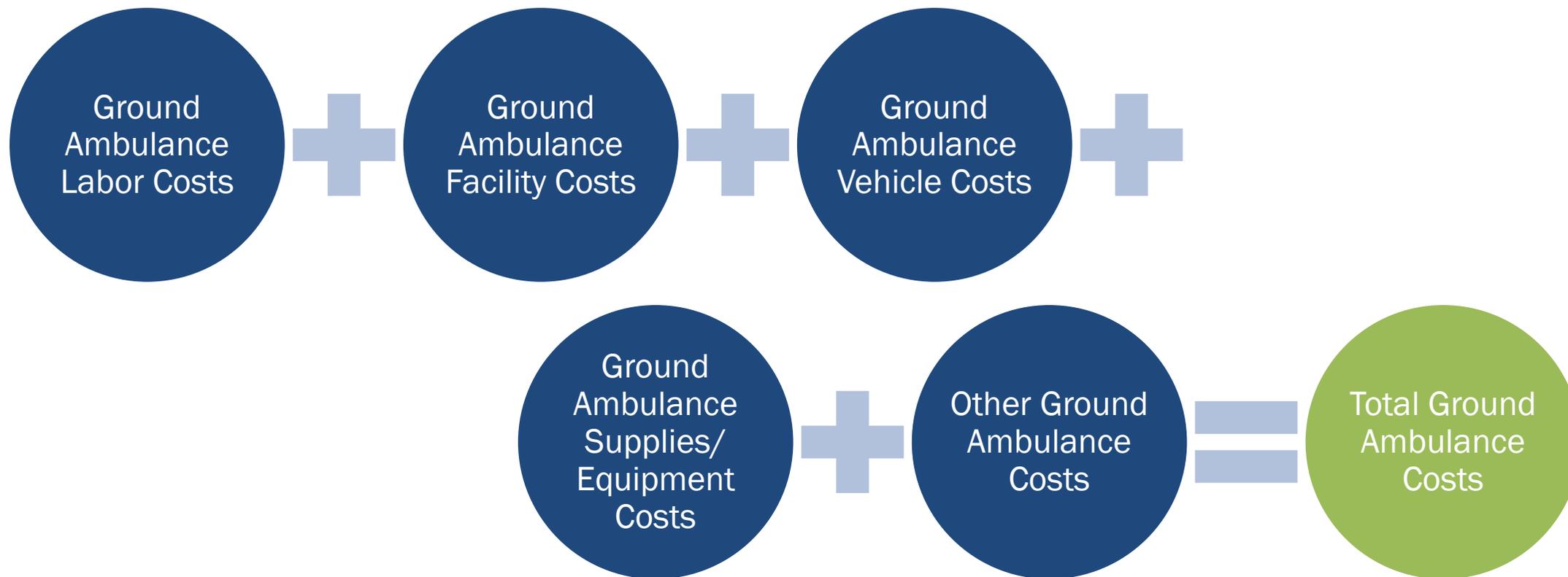
- Collect and report the number of:
  - Total responses for all calls for service (including fire/police-only)
  - Ground ambulance responses
  - Responses that did not result in a transport
  - Total transports
  - Transports paid in full or in part by an insurer and/or patient
  - Standby events
  - Paramedic intercepts

Reminder: Report counts of services over your organization's entire 12-month data collection period. Report counts of *total services*, not just Medicare services.

# Types of Services Provided

- Report the share of ground ambulance responses that:
  - Were emergency versus non-emergency
  - Involved response staff from another organization
  - Were in your primary service area
- Report the share of ground ambulance transports:
  - By Healthcare Common Procedure Coding System (HCPCS) code
  - That were to and from a hospital or other provider (i.e., interfacility transports)

# Costs are Collected and Reported by Category

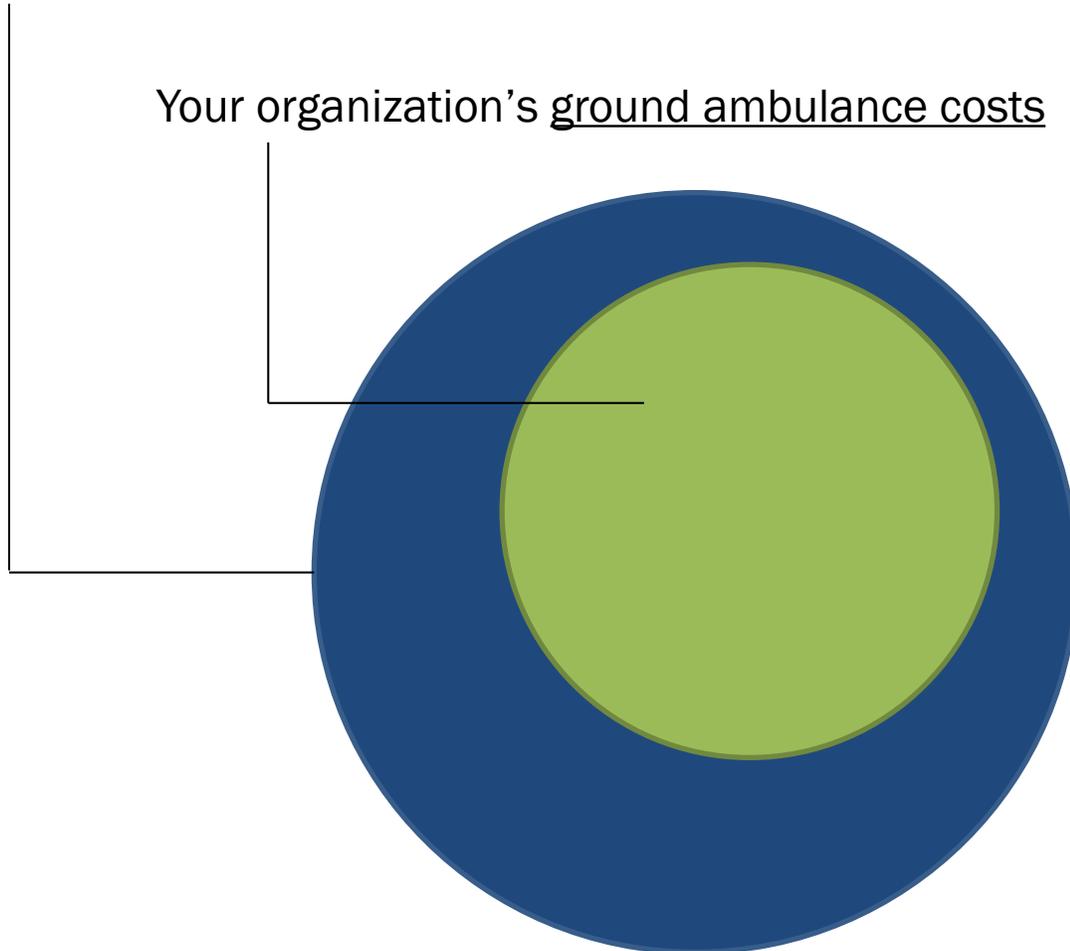


If your organization provides only ground ambulance services, then your total ground ambulance costs are the same as your organization's total costs.

# Some Organizations Will Have Costs That Are Out-of-Scope

Your organization's total costs

Your organization's ground ambulance costs



Specific collection and reporting instructions apply to:

- Fire department-based ground ambulance organizations
- Police department-based or other public safety-based ground ambulance organizations
- Ground ambulance organizations that also offer air ambulance services
- Ground ambulance organizations that are providers of other health care services

# Total Costs

- Your organization's total costs, including costs unrelated to ground ambulance services.
- We are asking for your organization's total costs in one separate question at the end of the cost section in the data collection instrument.
- You will report more detailed cost information in other sections to help CMS better understand where these costs are coming from.

# Staffing and Labor Costs

- Whether your organization uses paid and/or volunteer staff in specific categories:
  - Emergency medical technicians (EMTs)/EMT-Paramedics
  - Other response staff categories
  - Specific administration/facility categories
  - Medical director
- Total annual hours worked and compensation for paid staff by staff category
- Whether your organization has staff performing specific roles such as billing, data analysis, training, and medical quality assurance more than half-time

Reminder: Report hours worked and compensation *only once* for each staff member. Do not double count the same person in multiple staff categories.

# Reporting Volunteer Labor

- Volunteer labor is reported separately from paid labor
- You will report:
  - Your organization's total number of volunteers by category.
  - Total hours worked annually by category.
  - Any costs associated with volunteers (e.g., stipends, etc.)

# Staffing and Labor Costs – Other Special Cases

*Fire department and/or police department-based organizations*

- Total annual hours worked by category by individuals who are fire fighter/EMTs and police officer/EMTs

*Organizations offering services other than ground ambulance services*

- Total annual hours unrelated to ground ambulance, fire, or police services, by labor category

*NPIs part of larger parent organizations*

- Allocated compensation for administrative/facilities staff

# Facility Costs

- Number of facilities occupied by your organization
- Square footage for each facility and the share of each facility that is dedicated to ground ambulance services
- Ownership status of each facility (e.g., owned, rented/leased)
- Annual lease, mortgage, or depreciation costs for each facility as applicable
- Facilities-related insurance costs, maintenance and improvement costs, utility costs, and taxes for all facilities combined

# Vehicle Costs

- Number of ambulance and non-ambulance vehicles owned or leased by your organization
- Total miles traveled (any reason)
- Status of each facility (owned, rented, donated)
- Purchase or lease, license, maintenance, and insurance costs
- Depreciation costs

# Equipment, Consumable, and Supply Costs

- Depreciation, maintenance, certification, and service costs for capital equipment
- Medication costs or reasons for no medication costs (e.g., hospital provides, donated)
- Supplies and consumables costs
- Reporting for equipment and supplies separated by medical and non-medical costs

# Other Costs

- Whether your organization contracts for billing, accounting, vehicle maintenance and repair, dispatch and call center, facilities maintenance, or information technology services.
  - If so, the annual cost for the service and the share associated with ground ambulance services.
  - You will report a single cost for contracted services in each category.
- Whether your organization has any other costs related to ground ambulance services not reported elsewhere.
  - While the instrument lists many categories, you may also enter your own categories if necessary to ensure all costs are reported.

# Revenue from Health Insurers and Patients

- Revenue from different categories of health care payers:
  - fee-for-service (FFS) Medicare
  - Medicare Advantage (i.e., Medicare managed care)
  - FFS Medicaid
  - Medicaid managed care
  - TRICARE
  - Veteran’s Health Administration
  - commercial insurance
  - workers’ compensation
  - patient self-pay.
- You will be asked whether patient cost sharing is included in the amount you report for each payer category or in the patient self-pay category.
- Whether you routinely bill for transports of patients with different sources of coverage. The specific categories are the same as those listed above.

# Revenue from Other Sources and Total Revenue

- Whether your organization realized ground revenue from any other sources, including but not limited to:
  - Tax-based or other revenue from municipalities
  - Contracted services
  - Donations
- Your organization's **total revenue**, including revenue unrelated to ground ambulance services.

# Overview of CMS Education Activities



# CMS Education Activities

- CMS is planning additional webinars in 2019 and 2020 including:
  - A CMS National Provider Call (December 5, 2019) will provide a detailed walk-through of the data collection instrument.
  - Late 2019 into early 2020: Data collection for specific types of ground ambulance organizations.
  - Late 2020: Reporting information via the Ground Ambulance Data Collection System
- CMS posted an FAQ that will be updated periodically based on questions asked. Also, CMS posted a list of required information to be collected from ambulance organizations. Other documents will be posted as they are finalized.
- CMS will offer live support during periodic “office hours.”
- More information about these activities will be posted on the Ambulances Services website: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.