

Centers for Medicare & Medicaid Services

Open Door Forum: Ambulance

Moderator: Jill Darling

Thursday, May 12, 2022

2:00 pm ET

Coordinator: Welcome and thank you for standing by. All lines are in a listen-only mode until the question and answer session. At that time please press Star 1 and record your name as prompted.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn today's meeting over to Jill Darling. Thank you. You may begin.

Jill Darling: Thank you (Caroline). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications. And welcome to today's Ambulance Open Door Forum.

Before we get into our agenda today I have one brief announcement. This open door for is open to everyone, but if you are a member of the press you may listen in, but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

And I would like to have a call off to our chair, Maria Durham.

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Maria Durham: Hi there. Good afternoon or good morning to everyone depending on where you're located. On behalf of the centers for Medicare and Medicaid services we would like to welcome you to today's CMS Ambulance Open Door Forum.

My name is Maria Durham, and I am the chairperson. I'm also the Director of the Division of Data Analysis and Market Based Pricing.

My division falls under the Technology, Coding and Pricing Group in CMS' Center for Medicare. We're responsible among other things for the Ambulance Fee Schedule and the Medicare Ground Ambulance Data Collection System. We sometimes call that the Medicare GADCS, so you will probably hear that acronym more than once.

So today we have two agenda items for you. First, an update from our colleague in the Center for Program Integrity, Miss (Desiree Haskins) on the remaining implementation dates for the Repetitive Scheduled Non-Emergent Ambulance Transportation Prior Authorization Model. And then we're going to share our top ten tips for the GADCS from our subcontractor from the RAND Corporation, Dr. Andrew Mulcahy.

We hope that today's presentation will clarify some of the questions asked that we have been receiving regarding the GADCS and some of the best practices that he's going to mention for reporting. We're glad to have you here today with us, and we share - as we share some of our announcements and our updates.

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And we know your time is very valuable, so I'm going to hand things over to (Desiree) to start her briefing. So, go ahead (Desiree).

(Desiree Haskins): Thanks Maria. Good afternoon, and again thanks for joining us today. My name is (Desiree Haskins). And I'm with CMS Center for Program Integrity, CPI.

Today we'll be giving an update on the remaining implementation dates for the Repetitive Schedule Non-Emergent Ambulance Transport Prior Authorization Model, also known and abbreviated as the RSNAT Prior Authorization Model.

In August 2021, CMS announced by federal notice the implementation date for all remaining states and territories for national expansion for the model. Currently, the model is operating in MAC jurisdiction JL, JM, JH, JE, JG, I mean I'm sorry JJ, J5, J6 and JN.

The RSNAT Prior Authorization Model will begin on June 1, 2022 in jurisdictions K and eight, which includes the states of Connecticut, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New York, Rhode Island and Vermont. These jurisdictions will begin accepting prior authorization requests on May 18, 2022 for these states.

Also, the RSNAT Prior Authorization Model will begin no earlier than August 1, 2022 in the remaining states of Alaska, Arizona, Idaho, Kentucky, Montana, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington and Wyoming in jurisdictions JF and J15. The Railroad Retirement Board

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beneficiaries will be included in the model starting no earlier than August 1, 2022.

Please continue to check the CMS website and your MAC for upcoming implementation dates and educational opportunities. Additional information can also be found at CMS website, <http://go.com.gov/paambulance>. And again that's <http://go.cms.gov/paambulance>.

This concludes our update. And again, thanks for joining, and I'll turn it back to you Maria.

Maria Durham: Thank you (Desiree). I feel like I learn something every time you talk. Thanks for your Prior Authorization Model update.

And now before I turn to our next presentation, which is on the Medicare GADCS top ten tips, I want to give a quick overview for those of you that are not familiar with the GADCS. First off, what is the GADCS effort?

As many of you are aware, section 1834(l) (17) of the Social Security Act requires CMS to develop a system to collect cost, revenue, utilization and other information from ground ambulance organizations. This law also requires CMS to develop four consecutive samples of ground ambulance organizations to collect and report information each of which must be representative of the different types of ground ambulance organizations and the geographic areas that they serve.

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So, to meet these requirements, CMS developed a set of questions that ground ambulance organizations will answer to report information. We call this the Medicare Ground Ambulance Data Collection Instrument, and of course, a sampling strategy.

We have a printable PDF version in English and also in Spanish of the instrument on our Ambulances Services Center website for reference. And it's really meant to help organizations prepare and collect data.

We're working now to develop a web-based portal that selected ground ambulance organizations will use to report their information. We just finished user acceptance testing, so the portal will be up and running soon.

In terms of sampling, we designed and implemented an approach that randomly selects from National Provider Identifiers, also called NPIs, that recently billed Medicare for ground ambulance services.

Selected ground ambulance organizations will first collect data over a continuous 12 months data collection period, and then report the collected information within five months after their data collection period has ended. CMS already selected the first two samples, which we call the year one and the year two samples covering over 5000 ground ambulance NPIs.

The list of selected year one and year two organizations are posted on that same Ambulances Services Center website. It's under Spotlight, New Medicare Ground Ambulance Data Collection System. And if you're counting it's the eighth bullet for year one and the ninth bullet for year two.

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CMS' Medicare Administrative Contractors, otherwise known as the MACs, sent year one and year two ground ambulance organizations notification letters via email or regular mail in December of 2021 and January 2022. If you are year one or year two selected organization, and you did not respond to the notification letter from your MAC, CMS sent a second notification letter via regular mail and email in April of 2022.

Notification letters via email and regular mail for year one and year two selected organizations were sent to authorized officials and mailing address is from the Medicare provider and supplier enrollment forms linked to the sample NPIs.

You can view and update your current enrollment records in the Medicare Provider Enrollment Chain and Ownership System called, PECOS at, and he's going to be a - here is an address [https://pecos P-E-C-O-S dot cms dot hhs dot gov/pecos/login L-O-G-I-N .do](https://pecos.cms.hhs.gov/pecos/login.do). (<https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>) It's important that your organization's information is correct in PECOS.

If your NPI was selected in the year one or year two you are required by law to participate and report sufficient data that is accurate and includes all required data. Organizations that do not sufficiently report required data may receive a 10% reduction in payments for Medicare Ambulance Fee Schedule ground ambulance services during the next calendar year.

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If you're NPI was not selected for years one or year two never fear it is very likely that you will be selected in the future year. So, it's a good idea to learn about the GADCS now and prepare for your data collection.

The GADCS timeline has changed due to the COVID-19 Public Health Emergency. And I did want to point that, CMS delayed the data collection periods and the data reporting periods for year one and year two ground ambulance organizations.

All year one year and year two organizations will now collect information over a continuous 12 months data collection period beginning in 2022, that is this year. This data collection period started on January 1, 2022 for most of the year one and year two organizations.

Organizations with a fiscal year starting later in 2022 have the option to align their data collection period with their fiscal year that starts in 2022. Year one and year two organizations will still have five months after the end of their data collection period to report their data information to CMS.

All year one and year two organizations must respond to the notification letter and report the start date of your organization's data collection period and contact information to the website provided in the notification letter within 30 days of receiving that letter. Thank you to the many, many year one and year two organizations that have already submitted this information.

Organizations that haven't submitted this information should follow the instructions in the notification letter and respond within 30 days of the second

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notification letter. Your participation and accurate reporting of data is absolutely so important to both CMS and ground ambulance organizations.

MedPAC, that is the Medicare Payment Advisory Commission, will use these data to submit a report to Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services. MedPAC is an independent federal body established by the Balanced Budget Act of 1997 to advise the US Congress on issues affecting the Medicare program. So, it's important that MedPAC have accurate data from all types of ambulance organizations as they develop their report and recommendations for Congress.

So now without further ado, and now that you have a basic background, I'm going to introduce Dr. Andrew Mulcahy from the Rand Corporation to talk about the top ten tips for collecting and reporting this Medicare ground ambulance data. So, Andrew?

Dr. Andrew Mulcahy: Thanks very much Maria. My name is Andrew Mulcahy. And I'm a Senior Health Economist at the RAND Corporation which is a nonprofit research organization assisting CMS with the development and implementation of the GADCS.

I'm joined today by Dr. Sara Heins, a policy researcher at RAND, who is stepping in very graciously for Dr. Lisa Sontag-Padilla who is out sick today.

I just want to make sure before I start to mention that we'll talk through a set of slides that I hope most of you or many of you have in front of you. We'll be

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shouting out slide numbers as we move through the presentation for those of you who would like to turn through the slides with us here.

So, moving on the Slide 2. Slide 2 lays out an agenda for my comments today. We'll split some of these slides between me and Sara.

We'll focus on the top ten tips for collecting and reporting information under the GADCS. To be honest it was tough to pick just ten tips when we've covered so much ground in prior open door forum presentations, other CMS presentations including Webinars and Q&A sessions, and through our documentation that's posted up on the CMS website. There're a lot of resources and a lot of prior conversation focusing on GADCS.

We've honed in on tips today addressing common questions and tips that can shave off time and effort during data collection for some or many organizations. Our aim for today's session is to be relevant to all ground ambulance organizations, including those that are already collecting data for GADCS and those that aren't.

As Maria mentioned, roughly half of ground ambulance organizations in the U.S., and that's about 5,000-plus organizations, should already be collecting data. Our tips today will hopefully help these organizations address some of the practical challenges they're grappling with as they start collecting data.

The other half of ground ambulance organizations, as Maria mentioned, can or should be preparing for GADCS soon and can keep these tips in mind as they're thinking about getting ready for GADCS the next year.

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Our tips and example today draw on material from prior ODFs, other GADCS webinars hosted by CMS, Q&A sessions, and some documentation including the GADCS frequently asked questions documents, or FAQ. If you have questions that we don't touch on today as we're discussing these top ten tips, I encourage you to visit the Ambulances Services Center website where you can find all these resources. While we've drawn from these resources to develop our top ten tips for today, the presentation doesn't assume you've participated in prior sessions or that you've reviewed the GADCS documentation up on the website.

Slide 3 is a list of the top ten tips we'll cover today, mostly as a reference for folks using this as an index looking through the slides later. I won't read through the list now, but what Sara and I will do is split up these top ten tips and cover each of them in turn through a slide or two each.

Moving on to Slide 4. And this is our first tip, it's to learn about the resources up on the Ambulances Services Center website. It's a little repetitive, not to beat a dead horse here, but there really is a wealth of information up on that website.

And we just want to point out some highlights for folks who haven't looked at some of these resources yet. This is the first year of the GADCS for everyone, including ground ambulance organizations and for CMS. So, getting a lay of the land by reviewing this documentation is really crucial for everyone.

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So, a couple of specific resources to point out. First, CMS posted a Quick Reference Guide weighing in at a very approachable six pages or so, it's a pretty short document. It's a good initial stop for folks who want to get a sense for what's in the GADCS and what information needs to be collected and reported.

Second, the FAQ document I mentioned earlier is a fantastic resource if you have a specific question about GADCS. The document includes answers to very common questions up on top, and then a wide range of more specific questions, some of them very in the weeds, organized by topic below. So, if you have a question that we're not going to touch on today or something you'd like to look at a little more in detail, I suggest you check out that FAQ.

Third, and maybe most important for our organizations currently collecting data, CMS posted a printable version of the actual questions you're required to answer, which we call the GADCS Instrument. Reviewing this document is the best way to make sure you're collecting the right information now so that you'll be able to sufficiently report information later on.

Finally, CMS posted slides and other resources from many prior webinars covering a range of topics from broad overviews of the GADCS, to considerations for specific instrument sections and for specific types of ground ambulance organizations. I think I repeat this slide at the end of my and Sara's presentation just to remind you all to check out these resources again. We'll take a little break from harping over how much is up the website, but there's an awful lot there.

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So, we'll move on to Slide 5 and our second tip. And I'll turn it over to Sara.

Dr. Sara Heins: Okay, thanks Andrew. Our second tip on Slide 5 is to make sure that your organization knows when it needs to collect and report information for GADCS. There are a few terms to note here.

First, CMS is selecting ground ambulance organizations to participate in GADCS in cohorts. There are four cohorts: year one, two, three and four planned so far. Which of these four cohorts your ground ambulance organization falls in is random. But it is almost certain that you'll be in one of these four cohorts.

CMS already selected and notified the first two cohorts, the year one and year two ground ambulance organizations, which together account for about half of the industry. The specific NPIs included in the year one and year two cohorts are posted on the Ambulances Services Center Web site. And you can reach those lists using the links at the bottom of Slide 4 which Andrew just presented.

Another pair of key terms that that Maria discussed a little earlier are our data collection period and data reporting period. Every organization selected to participate in GADCS has a continuous 12-month data collection period and a five-month data reporting period that starts right after the end of the data collection period.

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The names of these periods pretty clearly describe what you need to do during each. You'll collect data during the data collection period, and then you'll have five months to report the collected data to CMS via a web-based portal.

Some organizations will have a choice of when to start their continuous 12 months data collection period. Most organizations operate on a fiscal year that is the same as the calendar year. And for these organizations, the data collection period starts January 1. If your organization has a fiscal year that starts on a date other than January 1 your organization can choose to have that date be the start of the data collection period.

For the already selected year one and year two organizations, your continuous 12 months data collection period starts in 2022 which means for many year one and year two organizations it started over five months ago on January 1, 2022. Data collection periods for year one and two organizations with fiscal years that don't align with the calendar year have a choice of starting data collection later in 2022.

CMS will select to notify the year three and four cohorts later this year. Year three and year four organizations will follow the same general timeline as year one and year two organizations but pushed out by one year with data collection periods starting in 2023.

Moving on to Slide 6, this presents a little more information on the choice between reporting on a calendar year or fiscal year basis. You cannot mix and match time periods for the purposes of GADCS with some information on a calendar year basis and another on fiscal year basis that starts on a different

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date, so it's crucial for organizations who faces this choice to pick and stick with the decision.

After the January 1, fiscal year, July 1 is the next most common date. The figure on Slide 6 shows how an organization with a July 1 fiscal year start date has choices. They can start collecting data January 1 or July 1.

It's important to note that this decision changes only the start date for the GADCS timeline. The rest of the timeline including the continuous 12-months data collection period followed by a five-months data reporting period runs out exactly the same. All right, now back to Andrew for tips three and four.

Dr. Andrew Mulcahy: Thanks Sara. So, we'll move on to tip three on Slide 7. And that tip is to map out your primary and secondary service areas ahead of time, and ideally before you start collecting data.

CMS' aim in asking separately about your primary service area and a secondary service area is to allow organizations to make a distinction between the areas where they have primary responsibility for providing EMS service and then other areas in the secondary service area where they help out as needed, for example, through mutual or auto aid arrangements.

This is one section of the instrument where it's entirely up to you how to respond. If you feel your organization doesn't have a secondary service area then you don't need to report one.

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If you feel like you do though, and many ground ambulance organizations have told CMS that they do, then it's important to define your primary and secondary service areas before you start collecting data, or at least early on. The reason for that is that there are a few questions about the number of total ground ambulance responses or your average response time where the instrument asks for separate answers for your primary service area and then your secondary service area.

We think it'll be easier to flag responses as being in your primary versus secondary service area as they happen throughout your data collection period rather than having to go back in time through your records and try to sort responses out later.

GADCS requires you to report service areas in terms of ZIP codes, but you have a few options on how to enter ZIP codes including from selecting a list of ZIP codes organized by county, copying and pasting a list of ZIP codes from some other document, or just typing and ZIP codes by hand.

So, you have a lot of flexibility on how to report those ZIP codes. The key theme is that it is a ZIP code- based approach to report your primary and secondary service areas.

One important tip is that you can report the same ZIP codes as being part of your primary and secondary service areas. We have two examples up on Slide 8.

The one on the left is a nice, clean example where an EMS agency considers its own township, in dark blue, to be its primary service area, considers the next township over, in light blue, where it has a mutual agreement in place, as a secondary service area, and where there's conveniently a boundary between ZIP codes that runs right along the border between the two townships.

In this scenario it's easy enough to report the one ZIP code as the primary service area while the second ZIP code is the secondary service area. But, for better or for worse, as many of us know ZIP codes rarely behave as nicely as that.

If the ZIP code boundary meanders across the two townships, like in Example 2, and cuts across in a different way, it'd be perfectly acceptable to report both ZIP codes as the definition of both the primary service area and the secondary service area, even though it might not seem like that would be accepted as a response. The important thing is to think from your organization's perspective what is that primary and what is that secondary service area, and then just list out all the ZIP codes that coincide with those two areas.

Let's see, moving on to Slide 9 and tip number four, which is to only collect and only submit expenses of revenue related to ground ambulance services, or to report information in such a way that a ground ambulance amount can be calculated by the GADCS. This is particularly important for fire department or police department-based organizations or for Medicare providers of services like hospitals that also operate ground ambulances.

Using a fire based ground ambulance organization as an example, the organization will have likely some expenses that are only related to ground

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ambulance operations, maybe the ambulances themselves, some expenses related to fire operations only, like certain types of training or gear, and then some expenses shared between fire and ambulance operations, maybe where the most important example are staff like firefighter/EMTs. The information you collect and report needs to cover all of the ground ambulance expenses plus some share of the shared expenses, and it cannot include the fire-only expenses.

Coming up with that share of shared expenses that you'll report is what we refer to as allocation. And, in general, organizations have a lot of latitude on how to allocate expenses and revenue.

Slide 10 talks about the two main ways you can report shared expenses across much of the GADCS instrument. Under Option 1, you report the total expense for your entire organization, a \$100,000 expense in this example, paired with the share of that total amount that's related to ground ambulance services, which is 70% in this example. If you report these two pieces of information then the GADCS, and those analyzing the collected data later on, can use multiplication to come up with the allocated ground ambulance expense of \$70,000.

Option 2, which is equally correct way to report information in most sections of the GADCS, is to do the multiplication yourself, report the already allocated ground ambulance expense which is \$70,000 in this case, and report 100% as being related to ground ambulance operations because you've already done the allocation yourself.

CMS lets organizations have this choice in how to report allocated expenses to minimize the need for organizations to change the way they handle financial reporting or their budgeting. You can use whichever of the two approaches is easier for your organization.

Slide 11 focuses on how to come up with that allocation factor for a few different kinds of expenses. If your organization already allocates expenses for some purpose, like for financial reporting or for audits, then generally you can continue to use that approach.

If you haven't allocated expenses before between ground ambulance and other activities you'll need to develop a new approach. In general, we recommend using a data driven approach and one that has as close a link to the expense you're allocating as possible.

For example, for facility expenses you might want to use the share of total square footage associated with ground ambulance operations. For shared non-medical equipment, like computer systems, you might consider the share of your total responses that were ground ambulance responses as the basis for allocation.

Or for vehicle expenses you might allocate on the basis of mileage. There are many other allocation examples across our prior webinars and GADCS documentation. CMS will also host a separate webinar focused on allocation. I'd encourage you to check the Ambulances Services Center website for updates on scheduling. I'll turn it back to Sara now to cover tips five, six, and seven.

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Dr. Sara Heins: Thanks Andrew. So, we're moving on to Slide 12 now. As many of you have already noted Section 7 of the GADCS instrument, which covers labor costs, starts off with some detailed instructions on how to categorize your staff for the purposes of reporting.

You don't report hours worked or total compensation for individual staff members in GADCS but rather you collect and report this information by groups of staff, for example across all of your EMT basics. The instructions at the start of Section 7 are there to help you categorize staff under a wide array of scenarios like staff in multiple roles, new and departing staff, et cetera.

One key tip is to understand how to handle staff with multiple roles at your organization. An important rule of thumb is to categorize staff with EMT, paramedics, or other ground ambulance response roles in one of the EMT response labor categories, and not an administrative or facilities role, even if they have important administrative responsibilities.

For example, a staff member who is an EMT basic halftime and then an office manager halftime needs to be categorized in the EMT basic category. That same rule holds even if the staff member spends more of his or her time in the administrative role than in the EMT response role.

Another key Section 7 instruction is to categorize staff that were paid at any point during your organization's data collection period as paid staff, even if they were a volunteer during part of the period or in some other capacity.

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Going on to Slide 13. As a related tip the figure on Slide 13 describes how you have to track hours worked by all staff in either two or three categories. And if you add up the time across these categories it equals total hours worked at your organization.

This might be a change from how you tracked time prior to GADCS, so you might need to make some adjustments to your timekeeping system and processes. Organizations that aren't fire department, police department or other public safety department based will report in two categories, hours related to ground ambulance services, and hours related to everything else.

Take a look at Section 7 for more information on what activities must have their hours reported in the everything else category. As an example, an EMT who works 1500 hours on ground ambulance and 500 hours on air ambulance, which is not covered in the data collection effort, during the data collection period will contribute 1500 hours towards ground ambulance hours worked and 500 towards hours related to all other duties.

Organizations that are fire department, police department or other public safety department based have a third category. And that's hours related to public safety duties which include fire, police or other public safety activities aside from ground ambulance activities.

Most organizations will need to come up with some approach to divide hours worked between these categories. For example, the fire department based ground ambulance organization might use the share of EMS responses out of their total responses to split hours worked in these two categories.

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Importantly, you need to split total hours worked across these categories, but you do not split total compensation across categories. You just need to report the total compensation that you paid staff in each category regardless of whether the compensation was entirely or only partially for ground ambulance activities.

Let's move on to Slide 14, and our sixth tip, which is to connect early on with others that might need to provide you with information. Ideally you should do this before you start to collect data.

There are some important GADCS rules related to expenses and revenue that are in scope versus out of scope. This can be trickiest for government based ground ambulance organizations that might have their own budget, but also get some key expenses like dispatch services, fuel or benefits paid by their municipality and not included as line items in the budget.

In many cases these government based ground ambulance organizations will need to reach out to their municipal government for the information necessary to allocate some portion of these expenses to their ground ambulance organization. Otherwise, the actual expenses involved in running these government ground ambulance organizations will look lower than they actually are.

The GADCS FAQ document has some practical advice on this issue. In brief, if an expense is covered by the same overarching, like a municipal government that owns and operates the ground ambulance organization, then

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you need to collect and report information on the expense even if it means reaching out beyond your ground or ambulance organization itself.

In some other cases where a completely separate organization pays for a key input like when a municipality provides for a dispatch services used by several private or nonprofit local ambulance organizations for free, then you don't need to collect or report information on that expense.

Moving on to Slide 15 and tip number seven. This tip focuses on how to report what we call contracted services in the GADCS. These are services like dispatch, billing, vehicle maintenance and even in some cases staff or staff ambulances when your organization pays someone else to provide the service.

It's important to report these contracted services in Section 11, which covers other costs, even if they seem relevant in earlier sections. For example, if you pay an annual amount to another organization to provide administrative or EMS staff then the expense for the contracted service should be reported in Section 11 not in Section 7 on labor costs.

However, for Section 7 and 8 (which covers facilities) and 9 (which covers vehicles), please do report hours worked, the number of facilities, and the number of vehicles from your contractor along with the cost of zero because you'll report the expense in Section 11 Question 1. One final switch back to Andrew to cover the last tips, eight, nine, and ten.

Dr. Andrew Mulcahy: Thank you Sara. We're in the homestretch here. Slide 16 moves us up to tip number eight, which is to consider your entire ground ambulance operation when collecting and reporting data.

It's true that the GADCS is a Medicare data collection system, but it's important to stress that you need to collect and report information that covers your entire ground ambulance service, not just those services that you provide to Medicare beneficiaries.

On another dimension, you need to report expenses associated with all of the services you provide, not just services that you're ultimately billing for or paid for. It's important to note that you won't report separately on uncompensated care in GADCS but because the scope of GADCS covers your entire ground ambulance operation your reported expenses will cover all of your activities, including activities that you may not ultimately be paid for.

Relatedly, because the scope of GADCS covers all ground ambulance activities the resources and staff involved in joint responses, even when you're not the transporting agency or billing for services that are in scope, you should include expenses for joint responses as appropriate throughout the instrument and any related revenue in Section 13.

Tip number nine is on Slide 17. And it's to consider importing responses for some Section 8, which is facility costs, and Section 9, which is vehicle costs questions, using a completed Excel template rather than entering information by hand in the web-based portal. CMS is finalizing the design of the Excel templates and will hold a separate webinar in the future and how to use them.

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What's important to know is that each organization has the choice between using the template or typing information directly into the web-based portal for certain questions in Section 8 and Section 9. The specific questions covered by the templates are ones where you need to report information on individual facilities and individual vehicles.

Larger organizations with many facilities and many vehicles may find it easier to complete and import the template while smaller organizations with relatively fewer facilities and vehicles may find it easier to type information in directly. Again, it's up to your organization. And we'd encourage you to dial in to the upcoming template webinar when it's scheduled to try to get a sense for the pros and cons of different approaches and what might be the best fit for your organization.

Just to stress this import template cover specific questions in Sections 8, and 9. Not all of the questions in Sections 8, and 9 and not the entire instrument. So, you'll still be entering a lot of other information question by question in the instrument. It's just these large tables that can get very long for organizations that have many facilities and vehicles where you'll be able to use this import template.

Our final tip is on Slide 18. And that's the report revenue received, not billed. Many of the other sections, Section 4, 5 and 6, which cover response time, service volume, and service mix refer to the services you provided during your organization's continuous 12-month data collection period.

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Many of the sections on expenses refer to expenses incurred during your 12-month data collection period. Many organizations in their routine accounting record revenue when a service is provided - when a service is billed for rather than when the revenue actually comes in.

CMS recognizes there's always going to be a bit of a disconnect between the services provided in a given period and then when revenue is actually received for those services. In some cases, it could be months or even years before revenue comes in for some of the services provided during the 12-month data collection period.

So, as a way to standardize the timeframes for reporting across all organizations, the focus is on expenses realized during the 12-month data collection period and the revenue actually received, rather than billed, during the data collection period, with CMS recognizing that there will be a little bit of a temporal mismatch between those two numbers.

So that wraps up our walk through the top ten tips. I would like to pause on Section 19 for a second just to remind you all of the important resources available on the Ambulances Services Center website, including that printable version of the instrument itself and the FAQ.

There are some email addresses at the bottom of Slide 19 on where to submit any questions that we didn't address today or you don't find in those resources. We hope the tips have been helpful as you collect to prepare or are actually collecting information for GADCS. And at this point I'll turn the presentation back over to Maria Durham.

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Maria Durham: Thank you Andrew. Jill, at this point we are ready for the Q&A.

Coordinator: Thank you. We will now begin the question and answer session. If you'd like to ask a question from the phone please press Star 1. Make sure your phone is unmuted and record your name. And to withdraw that request you may press Star 2.

Once again that's Star 1 and record your name. And we are standing by for questions or comments. One moment please. And we do have a question or comment coming from Kimber Wraalstad. Your line is open.

(Kimber Wraalstad): Thank you. I have two questions actually. And the first one is about the printable instrument that is available.

So, when I print the instrument it's really actually, at least from my perspective, it's the instructions with all the detail. Do you have just the actual instrument available because also when I look at the directions it indicates that the printable copy of the data collection instrument is available, and then it has an insert link in that? And I've checked that multiple times.

Dr. Andrew Mulcahy: This is Andrew from RAND. I will pull up the website now and see if I can find it very quickly, but there's a link to the PDF version of the instrument up on the Ambulances Services Center website.

(Kimber Wraalstad): And I clicked on that one, and again it's the 51 pages of all of the detail...

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Dr. Andrew Mulcahy: Right.

(Kimber Wraalstad): ...and the instructions. And I'm wondering if just there - if there's truly as you indicate that PDF printable version?

Dr. Andrew Mulcahy: That is the printable version of the instrument. And if you scroll through it there - it starts off with a couple of pages of background information and instructions.

But the actual questions are in there. They're all numbered. For example, on Page 2 there's the - a set of questions in Section 2, which is Organizational Characteristics. And it'll start through a numbered set of questions there that runs through Page 4.

(Kimber Wraalstad): Okay, so you don't have like truly a printable just this is the questions that are going to be looked at. But - and then I can go back and use the instructions as reference?

Maria Durham: So, this is Maria Durham. The one thing I'll note, and I know Andrew probably has a response as well, is that the printable I instrument obviously doesn't include the skip pattern.

So, depending on your answers in the first few sections you may or may not get certain questions. For example, if you say you don't use volunteers you won't get questions about volunteer hours.

(Kimber Wraalstad): Sure.

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Maria Durham: And once you're in the system itself there is a way to print out just the questions.

(Kimber Wraalstad): And is there going to be an option to be able to look at that? The other - my other question actually is, on the ambulance data collection mailbox when can we expect a response to any questions that are submitted?

Maria Durham: So, for the mailbox we answer them as quickly as possible, sometimes that's in a day and sometimes when we get 100 in a day it takes us a little bit of time. And also, it depends on how much research the question requires, but we try to answer them as quickly as possible.

(Kimber Wraalstad): Okay, all right because I have some - I did submit a question several months ago and have not received a response. Thank you.

Coordinator: Thank you. Our next question or comment is from (Bill Ball). Your line is open.

(Bill Ball): Yes, I would like to know if there is someone that you could direct us to that could help with the abuse of the ambulance services by facilities transporting to more distant facilities than the proper facility, especially when the facilities transfer to their sister hospitals solely for the purpose of keeping the patient in their system. We have discussed this with numerous people. Is there anyone in particular that we could go to?

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Eric Coulson: Hi. This is Eric Coulson in the Provider Billing Group. I might suggest you start with reporting these instances to your local MAC.

They have folks there that, particularly in the Medical Review Department, that may be able to raise, you know, raise it up to the level of maybe doing some auditing of these services or at least claims that are submitted to these services. If they find that there may be potential fraud they can, you know, they can alert the proper authorities for that.

(Bill Ball): But we have already reported those to that department. And, you know, that's what we're afraid of is the auditing on our end, not the hospital end because, you know, this is very widespread in our area. And we can't seem to get anyone to take it seriously. You know, we're just blown off and, and we know that eventually we're going to be in the net.

Eric Coulson: Okay, well that's - we certainly don't want that if there's no fault on your part. Why don't you go ahead and send an email to the Ambulance Open Door Forum email box, that will probably eventually end up coming to me and I can maybe pull in some folks from our Center for Program Integrity here in the Central Office, and they'd be able take it a step further?

(Bill Ball): We would really appreciate some assistance with this because this is something that has gone on for a number of years. And everyone that we have talked to has just blown us off as, you know, it's not our department.

And the hospital is of the understanding that they can do what they want to do. And they will provide us with the documentation, but the documentation is fictitious.

Eric Coulson: Well again I apologize for any issues. This is not something that I would necessarily handle on my own. Again, I would bring in other folks to look into this.

You know, I can't make any guarantees about what sort of actions might or might not be taken. But again, if you want to send your concern in an email to the Ambulance Open Door Forum email I'm sure it will somehow at some point get into my hands. And I'll be happy to bring in some program integrity folks to either get back to you or to work with the MAC to get back to you.

(Bill Ball): Okay, we will do that. We will - we'll give it a shot. We've done everything else.

Coordinator: Does that conclude the question or comment?

(Bill Ball): Yes.

Coordinator: Thank you. Our next question or comment comes from (John Stacy). Your line is open.

(John Stacy): Thank you very much. I have two questions. At the beginning of this seminar you guys were referring to non-emergent transports. Is that all this is included or is there emergency transports as well that (emprises) this?

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(Desiree Haskins): Yes, this is (Desiree). That's just for non-emergent ambulance transport.

(John Stacy): So, if we are an EMS facility we're not required to report our emergency transports, is that right?

(Desiree Haskins): Yes, only non-emergent transport - ambulance transport is for the prior authorization program model.

(John Stacy): Okay, so why did we - we received this letter for this reporting, but we are not non-emergent transport service? Does that mean we can disregard it?

Maria Durham: (Desiree), I think he might be talking about the data collection and not the prior authorization model.

(Desiree Haskins): Oh, all right.

Dr. Andrew Mulcahy: This is Andrew. If your question refers to the data collection then it applies to all ground ambulance services, emergency and non-emergency.

(Desiree Haskins): Okay, got you.

(John Stacy): Okay, that's my question because I was a little confused. The second part is when you're organizing staff categories the hours worked if it's a total volunteer staff how do you compute those hours?

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Dr. Andrew Mulcahy: Yes, that's a great question. There is - there are two - a couple parts of that question in Section 7. The first one is a count of heads, a count of people. And then the second question does ask for total hours worked.

CMS has heard that some organizations do track hours worked by volunteers and others don't routinely. It's one area where organizations may need to start collecting some information as part of GADCS.

You know, it's important to understand how many volunteer hours are involved in providing your ground ambulance service so we can compare the total labor involved in providing services between organizations that do and don't use volunteer labor. So, as tricky as that might be to ballpark when volunteers don't have the same kind of information linked up to payment that paid staff do, it is an important number to estimate and then include in the information you report to CMS.

(John Stacy): So, it's acceptable to estimate it? For example, does training fall into that category? If you're training a volunteer to provide a new technique, does that going to the hours that they use?

Dr. Andrew Mulcahy: Yes, that's right. Any training related to ground ambulance would be in scope for this. You know, there are some questions where it's explicitly noted that you can estimate provide a guess, this is not one of those questions, and so the expectation is that it would be accurate count of hours worked.

(John Stacy): Okay, that's - that answers my two questions.

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Coordinator: Thank you. Our next question or comment comes from (Kim Vergois). Your line is open.

(Kim Vergois): Hi. I just had - I was wondering about the - there was a question earlier about the instrument and if it was - if there's anything available that's condensed version that shows just what we have to collect besides the 51 page, which is very confusing? Is there anything else out there that simpler that says you have to collect this information starting now?

Dr. Andrew Mulcahy: Yes, this Andrew from RAND again. There's a quick reference guide that's a six-page document up on the Ambulances Services Center website.

The first two pages are an overview of GADCS. And then the rest of the document is just a bullet list of the information you need to collect. So that's a good first stop to get a sense for what's included in terms of scope.

(Kim Vergois): Okay, and I'm - I have trouble finding anything on the website. I couldn't find the slide presentation for today. The only thing I found was one for March 29.

So, I - where can I find that Quick Reference Guide? What - all the links take me to something different from what it says?

Dr. Andrew Mulcahy: I think I might be the most frequent visitor of the Ambulances Services Center website. But I Googled that, and it's the first thing that pops up.

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And then this is under the heading called New Medicare Ground Ambulance Data Collection System. And the very bottom bullet, right before you get to Webinars, is the Quick Reference Guide.

(Kim Vergois): Okay, I will search for it. Thank you.

Dr. Andrew Mulcahy: Good luck.

Coordinator: Thank you. Our next question or comment comes from (Sherry Kolush). Your line is open.

(Sherry Kolush): Hello?

Coordinator: Yes, your line is open. Please go ahead.

(Sherry Kolush): Okay. There - I'm a little confused on the hours worked on. We have - we're a small village and, and we have maybe 200 calls a year. A lot of my paid medics are sitting around most of the day for maybe one or two calls a day. Are we looking for hours worked just the time that they're on the ambulance or is it the hours - the eight hours that they're on duty?

Dr. Andrew Mulcahy: There's a couple of questions that might be helpful in the FAQ document. The short answer is that if folks are at the station on duty that counts. If they're on call and out working on the job or doing something else that does not count.

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But it's time related to ground ambulance activities. And if that means they're at the station and a call is - they're not actively responding to a call for service at that moment that time can still count.

(Sherry Kolush): Okay, thank you. That's what I needed to know.

Coordinator: Thank you. Our next question or comment comes from (John Green). Your line is open.

(John Green): Hi. How are you all doing today? Thank you all very much for holding these to try to herd the cats of all this information.

I have two questions one when just got answered briefly, that is I also have basically volunteer - well we pay them they sit around listening for the pager to go off at their house. And so, it looks like I'm just going to pay - I need to just record the hours of windshield time when they're actually responding and returning from a medical call, that I understand.

My second question is, we have a large building. Half of it is - we use for EMS and training facility. We also have another building that is the barn for the storing of the two ambulances.

And half of the first building is actually we rent it out to the hospital for the clinic. So, my question is since it's not related to us, and it's - we rent it out do I still claim that square footage even though technically if it's being rented out we don't use it?

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Dr. Andrew Mulcahy: Yes, it's a great question. So, I think two parts to an answer. The first one is that you have a couple choices on how to report that square footage.

You want to ultimately get down to the square footage that's associated with your ground ambulance operation. So, there are two ways to do that, the first one is to report the total square footage for the facility, including the part the hospital uses.

And then separately report a percentage, the instrument will ask you what percentage of that total square footage is related to ground ambulance, and so you can say 50%, 60% whatever it is. That's okay.

You could also do the math yourself and calculate just the square footage for your ground ambulance portion of that building and report that and then say 100% is related to ground ambulance. There's some flexibility there, but the goal is to get to the square footage that is related to your ground ambulance operation. And the other piece of this, the rent that's coming in for that facility, that gets reported in Section 13, which is revenue.

(John Green): Which section?

Dr. Andrew Mulcahy: Section 13.

(John Green): It would be 13. Okay, so - but I am correct on just doing the windshield time or trying to guesstimate the actual hours? We have three different hospitals we can transport.

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One is - we're very rural so our closest STEMI location is 54 miles away. And so, you know drive times and the location of where the patient is, because we're doing basically half of the county here in Texas, we can range from the 30 minutes to and 30 minutes back to three to four hour turnaround. So, it's almost per call is how the hours are going to have to then be determined correct?

Dr. Andrew Mulcahy: That sounds right. If the staff are elsewhere not at the station then that's the right approach.

(John Green): Okay. So, windshield time only? Okay, well thank you all again very much for taking you all's time to kind of guide us.

Jill Darling: All right, well thank you everyone for your questions. That is all the time we have for today. And I'll pass the call back over to Maria.

Maria Durham: Great, thank you Jill. On behalf of CMS I just wanted to thank everyone for attending today's Ambulance Open Door Forum session.

If you have any questions that we didn't have time to answer feel free to reach out to us in our mailbox. And hopefully that you gained some valuable information and some answers to your questions on today's important topics.

At this point we're going to conclude this session. And as a reminder for the Open Door Forum schedule updates, the emailing list registration, please visit the CMS website at <http://www.cms.gov/opendoorforums>. So, thank you very much everyone.

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Coordinator: That concludes today's conference call. Thank you for your participation. You may disconnect at this time.

END

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