

Centers for Medicare & Medicaid Services

Open Door Forum: Ambulance

August 12, 2021

2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During today's Q&A session, if you would like to ask a question, please press star then 1. Today's call is also being recorded. If you have any objections, you may disconnect at this time. I would now like to turn today's meeting over to your host, Ms. Jill Darling. Thank you. You may begin.

Jill Darling: Great. Thank you, (Cedric). 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 today's Agenda, I have one brief announcement. This Open Door Forum 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 do have any inquiries, please contact CMS at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

And I would like to hand it off to our new chair member, Maria Durham.

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Maria Durham: Hi, everyone. Good morning and good afternoon. It has been a long and exciting year and, as it seems, it promises to continue to be a long and exciting year.

My name is Maria Durham, and I am the Director of the Division of Data Analysis and Market-Based Pricing in the new Technology, Coding and Pricing Group here in the Center for Medicare at CMS.

And I'm also the new Chairperson of the Ambulance Open Door Forum. My division is responsible for the coverage and payment policy for the ambulance fee schedule.

We have two items on our agenda today. First, we're going to begin with a great presentation from our colleagues at the Innovation Center. My colleague will provide an update on the ET3 model.

And second, we're excited to present an overview of the Medicare Ground Ambulance Data Collection System. And I think you'll hear some familiar voices presenting on that topic.

So please note that on that topic we have several resources online that are available on the Ambulance Services Web site. And the link to that website was provided in your meeting agenda.

So, without further ado, I turn it over to Alexis Lilly from CMMI for the first presentation.

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Last, but not least, thank you, everyone, for taking time out of your busy schedule to join us today, and I look forward to your questions at the end.

Alexis Lilly: Thank you, Maria. I'm happy to join you all today to give you an update on the Emergency Triage, Treat and Transport, or ET3, model.

The ET3 model launched on January 1, 2021 with 184 participating ambulance suppliers and providers. Under this model CMS will pay participants to transport to alternative destination partners, such as primary care offices and urgent care clinics, and also to initiate and facilitate treatment-in-place with a qualified health care partner, either at the scene of a 911 response or via telehealth.

The model provides a one-year ramp-up period. So, while some participants have begun implementing model interventions as early as January of this year, others will begin implementing between now and January 1, 2022.

In addition to the payment model, CMS issued a notice of funding opportunity, or NOFO, on March 12, 2021 to fund cooperative agreements. These cooperative agreements will provide funding to state and local governments, their designees or other entities that operate or have authority over one or more public safety answering points in geographic regions where participating ambulance suppliers and providers are implementing the transport to alternative destination intervention and treatment-in-place intervention.

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The application period for the NOFO closed on May 11, 2021, and we are currently in the process of reviewing those applications.

For additional information on the ET3 model, please visit our model Web site or send us an email to [et3model@cms.hhs.gov](mailto:et3model@cms.hhs.gov). We also welcome you to join the ET3 model listserv for additional model updates.

Thank you and I'll turn it back over to Jill.

Jill Darling: Thanks, Alexis. And next, we have Amy Gruber and Andrew Mulcahy, who will speak on the overview of the Medicare Ground Ambulance Data Collection System.

Amy Gruber: Thank you, Jill. As Jill stated, I am Amy Gruber. I work in María's division. Our slide presentation is available on our Ambulances Services Center website.

On the agenda today, Jill has provided a link to our website. The slides are available under Spotlights, the first bullet, where you would click on August 12, 2021 Ambulance Open Door Forum Slide Presentation.

If you don't have a copy of the agenda, our Ambulances Services Center website can be found on the [cms.gov](https://www.cms.gov) website, where you would scroll down to Provider Type on the left-hand side of the Web page and click on Ambulance Services or you could just easily Google "CMS ambulance." It is the first listed website that was listed when I did a Google search.

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Okay. So, moving on to Slide 2 is our agenda. We plan to provide you with an overview of the Medicare Ground Ambulance Data Collection System, the current status and planned activities for the system and information that selected ground ambulance organizations will need to collect and report.

We would like to bring to your attention that CMS has proposed revisions to the Medicare Ground Ambulance Data Collection System in the Calendar Year 2022 Physician Fee Schedule Proposed Rule with Comment Period.

We provided a link to the Federal Register Notice in our slide presentation. The discussion about the Medicare Ground Ambulance Data Collection System begins on Page 39295 of this document.

The document will provide you with instructions on where to submit your comments. The comment period ends September 13, 2021. We will point out some of the proposed revisions in this presentation. And finally, we will provide you with CMS' plans for upcoming educational webinars.

We will begin with the overview of the Medicare Ground Ambulance Data Collection System. On Page 4 it provides you with a review of the statutory requirements.

The statutory citation that established the Ambulance Fee Schedule can be found at Section 1834(l) of the Social Security Act. The Bipartisan Budget Act of 2018, Section 50203(b), added a new paragraph to section 1834(l) of the Act for the Medicare Ground Ambulance Data Collection System.

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There are 11 components of this legislation, and we've highlighted 4 on this slide. The first step is to develop the system (which may include the use of a survey) to collect cost, revenue, utilization and other information from ground ambulance organizations.

The second bullet is to specify the data collection system by December 31, 2019 and to identify the ground ambulance organizations that would be required to submit information under the data collection system.

We highlight also that we are to apply a 10% payment reduction in payment to those selected ground ambulance organizations that do not sufficiently submit such information. And CMS will need to provide the data to MedPAC so they may provide a Report to Congress on information that was submitted.

Moving to Slide 5, this provides you with information on how CMS established the Medicare Ground Ambulance Data Collection System in the Calendar Year 2020 Physician Fee Schedule Final Rule.

CMS has posted on its Ambulance Services Center website a link to this rule as well as a printable version of the Medicare Ground Ambulance Data Collection Instrument.

Andrew Mulcahy from the RAND Corporation will be providing an overview of the printable instrument today. CMS is developing a Web-based version of the instrument.

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Moving on to Slide 6, Slide 6 provides you with our definitions of a data collection period and a data reporting period for selected ground ambulance organizations.

A data collection period includes a continuous 12-month data collection period where the selected organizations may choose either a calendar year or their organization's annual accounting period.

When a selected ground ambulance organization receives a notification from CMS that they have been selected to report in the Medicare Ground Ambulance Data Collection System, they are required to report their start date of their data collection period within 30 days of receiving that notification.

The definition for data reporting period, the selected organization has up to five months to report their data. The data reporting period begins the day after the last day of the organization's data collection period. We have provided an example on this slide.

Next is an overview of the current status, including the updates on sampling, timeline, notification and Web-based system update.

First on Slide 8 is a sampling update. One of the other provisions of the BBA of the 2018 legislation is the determination of the representative sample.

CMS developed a stratified random sampling approach, selecting specific national provider identifiers (NPIs), approximately one-quarter of ground ambulance organizations in each of the four years.

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A ground ambulance organization may not be selected in two consecutive years to the extent practicable. And Year 1 organizations were selected in October 2019 and Year 2 were selected in September 2020. And both are listed on our website.

On this slide we have included a reminder to you to update your NPI information in PECOS.

Moving on to Slide 9, Timeline Update. The selected Year 1 organizations were notified by the CMS' Medicare Administrative Contractors (MACs) in 2019. Due to COVID-19, we issued two blanket waivers to delay the data collection period and data reporting period.

The first waiver delayed the data collection period and data reporting period for selected Year 1 ground ambulance organizations and the second waiver delayed the data collection periods and data reporting periods for selected Year 1 and Year 2 selected organizations.

We modified this data collection reporting period to increase flexibilities for ground ambulance organizations that would otherwise be required to collect data in 2020-2021 so that they could focus on their operations and patient care during the COVID-19 public health emergency.

So currently selected ground ambulance organizations in Year 1, Year 2, and Year 3 will all collect information during data collection periods starting in

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2022 and the reporting information during the reporting periods starting in 2023.

In our Calendar Year 2022 PFS proposed rule, CMS has proposed delaying the data collection period start dates to 2023 and the data reporting period start dates to 2024 for Year 3 organizations. We look forward to receiving your comments on this proposal.

Moving on to Slide 10, the Plan Notification Process. Here we have outlined our plan notification process to begin this Fall of 2021 where CMS will re-send notification letters to the selected ground ambulance organizations in Year 1. And we would send initial notification letters to Year 2 organizations.

These notification letters will be sent by the MACs by hard copy and, where feasible, email. We recommend that you follow the instructions in the notification letter to report your organization's start date of your data collection period and contact information for those selected ground ambulance organizations.

Moving on to Slide 11, the Web-Based System Update. CMS is currently developing the Web-based version of the Medicare Ground Ambulance Data Collection System, including the programmed version of the Medicare Ground Ambulance Data Collection Instrument.

The Web-based system will launch prior to the start of the first data reporting period in 2023. And CMS will be providing training and instructions on how to create accounts and access the system.

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Moving on to Slide 12. This is a summary of the timeline for selected ground ambulance organizations required to report under the Medicare Ground Ambulance Data Collection System.

I will now turn the presentation over to Andrew Mulcahy.

Andrew Mulcahy: Thanks, Amy. My name is Andrew Mulcahy and I'm a health policy researcher at the RAND Corporation, a nonprofit research organization that's helping CMS design and implement the Ground Ambulance Data Collection System.

My portion of the presentation today covers the information that ground ambulance organizations will need to collect and report as part of the Medicare Ground Ambulance Data Collection System.

I want to stress before diving in that the presentation today provides only a high-level overview of the required information. As Amy mentioned, and Maria as well, there are many other resources available on the Medicare Ambulances Services Center website that you should review, including a printable version of the questions that sample organizations will need to answer, a Frequently Asked Questions document and a Quick Reference Guide that lists the different categories of required information.

CMS will also host a series of future educational webinars going deeper into different components of the data collection instrument. I'll turn back to those towards the end of my presentation to list them out.

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We encourage everyone on the call today to register for the next webinar, which is in just two weeks on August 26, and to check the Medicare Ambulances Services Center website over the coming weeks for new and additional webinars scheduled in the fall.

We structured the presentation today to match the flow of the printable instrument for those of you who have it and have reviewed and the Quick Reference Guide, both of which are available on the website. You can, if you'd like, use a copy of either or both of those as you follow along today, but you don't have to.

That said, having mentioned those two files, as Amy mentioned, CMS proposed some changes to the Ground Ambulance Data Collection System and the instrument and specific questions as part of the Calendar Year 2020 Physician Fee Schedule Proposed Rule.

I'll highlight some of those proposed changes using colored boxes in gray on some of the slides during the presentation today.

We're in the comment period for the Proposed Rule now as Amy mentioned. And importantly none of these changes have been finalized. That means that there're some slight differences between the versions of the printable instrument that's up on the website and what I'll cover today.

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We will note them again as we go. And stay tuned for future webinars where we'll go into some of these proposed changes in more detail and eventually cover the finalized changes.

So just to recap on Slide 13, before diving in, the overview today will not involve a full walk-through of all of the specific questions you'll need to answer if you've been selected in Year 1 or Year 2 of the system.

CMS will host a follow-up to today's session on August 26. We will do more of a detailed walk-through, section by section, and cover more questions in detail. But again, in the meantime, you can access a printable version of the specific questions up on the Ambulances Services Center website.

All right. Moving on to Slide 14, we will cover some broad principles for collecting and reporting the required data. These principles provide general guidance on how you and your organization should think about collecting data.

First, you should collect data that's relevant to your entire ground ambulance organization not just for services or costs or revenue associated with Medicare Ground Ambulance services. It's important that CMS get a complete picture of your organization's costs and revenues related to ground ambulance services.

Second, each cost and revenue item should be counted only once when you're collecting reporting data. For example, we'll discuss in a few minutes that

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you'll need to collect and report labor costs for administrative staff and response staff like EMTs separately.

If your organization has staff with both response and administrative roles, it is important you count their costs towards just one of those two categories, not both. Otherwise the costs you report to CMS will be too high.

The data collection instrument includes instructions detailing how to deal with complex cases that may arise. By remembering the general principle that an individual cost and individual revenue should only be reported once will help streamline your data collection and reporting.

Third, you should collect information on counts of services, costs and revenue over your organization's entire 12-month data collection period that you'll report to CMS. This period will start as early, as Amy mentioned, as January 1, 2022 for Year 1 and 2 organizations, but it may start later for Year 1 and 2 organizations.

Fourth, except for a few places where the instructions allow reporting an estimate or a best guess, you must report the exact information requested in terms of services or costs or revenue in dollars.

In some cases, your organization may need to change the way it tracked information now before the start of your data collection period so that you'll collect the required information as you go through the data collection period.

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And finally, your ground ambulance staff may need to reach out to individuals and entities outside of your organization to collect information on costs that are relevant to your ground ambulance operation.

We've heard, for example, that it's common for some government run ground ambulance organizations to have their facility, utilities, fuel or even benefits paid by a broader municipal government.

If this scenario or similar scenario apply to your organization, your staff may need to reach out to your municipality, for instance, to collect cost information to report to CMS. Otherwise the information that you do report would be incomplete and your organization's costs would be lower than they actually are to provide ground ambulance services.

Moving on to Slide 15, the remainder of the presentation will walk-through the required information section by section. We've organized the following slides to match the four headings in the written Quick Reference Guide available from the Ambulances Services Center website. And then under each of these four headings, we further broken it down by the sections in the instrument itself, numbered one through 13.

The four broader headings: first, there are some sections on organizational characteristics. Next, are some sections on services provided. Third, there are sections covering costs and finally there is a section covering revenue.

Moving on to Slide 16, the first broad category of required information focuses on organizational characteristics. You'll be asked to confirm that the

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NPI that was sampled is used to build for ground ambulance services. You should also note whether your organization bills under one or multiple NPIs.

You'll be asked to enter or update some information about the staff collecting and reporting data through either the registration process for getting into the programmed instrument or in the instrument itself.

There's some important and fairly straightforward information in Section 2 of the instrument you'll need to report to CMS so that those analyzing the data understand what your organization looks like in comparison to others.

For example, you'll have to report whether your organization for profit, nonprofit government run, or a public-private partnership. You'll also have to report whether your organization provides services other than ground ambulance services, for example, fire, police, or other public safety services; air ambulance services; or non-ambulance health care services.

CMS proposed some clarifications to the wording of these questions, which we will cover in more detail in the next webinar.

You'll be asked whether your organization uses volunteer labor. You'll also be asked whether your organization uses a more static staffing model with the same number of response staff maintained 24 hours, 7 days a week or a more dynamic staffing model where the number of response staff varies with your needs or a blend of the two.

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As I mentioned, providing this information on the characteristics of your organization will help CMS accurately describe your organization compared to others and will also help the programmed data instrument ask questions that are more targeted to your organization later on.

For example, if you report that your organization uses volunteer labor, you will be asked for specific information about your volunteers later on. But if you don't use volunteers, you won't see those questions.

There are two ways to get a better sense for how your organization's characteristics will affect the specific information that you'll need to collect and report.

First, the written Quick Reference Guide available from the Ambulances Service Center website describes some of the most common scenarios in shaded text boxes.

For example, there are some special considerations for fire-based ground ambulance organizations.

Second, the printable data collection instrument indicates all of the ways that questions are linked together in bracketed blue text. And as you read through that printable instrument, you can see those programming notes and get a sense for which questions your organization will have to answer versus which ones you'll be able to skip.

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Moving on to Slide 17. Next, you'll need to report information about your organization's service area. CMS recognizes that service areas might look very different from one ground ambulance organization to the next.

Some organizations may only serve a specific municipal area or jurisdiction. Other organizations may have large shares of responses or transports in neighboring jurisdictions through mutual or automatic aid arrangements. How your organization views its service area might also vary for different levels of service.

You'll need to report the specific ZIP codes that comprise your organization's primary service area, which is 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.

Separately, if it's applicable to your organization, you can report the specific ZIP codes that comprise what your organization considers to be its secondary service area, which consists of other areas where you regularly provide services, for example, through mutual or automatic aid agreements.

Previously, the instrument asked about trip time from the station to the scene of the response in primary and, if applicable, the secondary service area. CMS has proposed asking instead of trip time for time on task to account for inter-facility transports and ambulances responding to a call from somewhere other than the station.

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You'll also need to report the ZIP codes that constitute the specific ZIP codes that constitute your primary and secondary service areas.

There are some proposed clarifications in the instrument instructions to help organizations differentiate between their primary and secondary service areas from the reporting ZIP codes. But the main distinction between primary and secondary service area remains unchanged.

Moving on to Slide 18, organizations responding for emergency calls for service will also need to collect and report information on their response times. CMS recognizes that organizations use different approaches to measure and track response times.

For that reason, the first information that you'll report in this section is on how your organization tracks response times. Then, using your organization's approach to measure response time, you'll need to provide information on the average response time and on the share of responses that are twice that average or greater or longer.

This will help CMS understand both the typical response for your organization and whether a small share of your organization's responses have much longer response times than others.

The question about the share of responses greater than twice your organization's average is a proposed replacement for an earlier question that asks for the 90th percentile response time, which CMS heard could be difficult for some organizations to calculate.

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Unlike many other questions, estimates are permitted for the response time questions. You should collect and report precise times if possible but if not, you can enter estimates.

In addition to reporting these times, you'll be asked whether your organization is incentivized to meet certain response targets and if so, by whom.

Moving on to Slide 19. We will now pivot to the next category of required information, information on the services that your organization provides.

Much of the information in this category involves counting, that is tallying up, all of the services of a particular type that your organization provided during the 12-month data collection period. CMS understands that many organizations already track and collect some or most or even all of this information.

It's important to note that there are specific definitions in the data collection instrument for each of these bullets on the slide. If your organization currently tracks information on service counts, you should check to make sure the definition in the instrument matches up with what you are currently counting. If not, you might need to make some adjustments to how you track services.

The specific services that you'll need to count and report include, first, your organization's total number of responses to calls for service. This number should include responses by fire, police, and other public safety-based ground ambulance organizations where no ground ambulance was dispatched.

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Second, the number of ambulance responses, which are responses involving a fully equipped and staffed ground ambulance, scheduled or unscheduled, with or without a transport and with or without payment.

Third, the number of ground ambulance responses that did not result in a transport.

Fourth, the number of ground ambulance transports which tallies how many times a fully staffed and equipped ground ambulance provides a medically necessary transport based on the rules relevant to the applicable payer.

Fifth, the number of ground ambulance transports paid in full or in part by an insurer and or patient, which by definition will be a subset of your organization's total ground ambulance transports.

CMS proposed a clarification that only transports that occurred during the data collection period and then were paid by the time of reporting should be included in this tally. CMS realizes that some transports that happened during the data collection period may be paid long after the end of your organization's data collection period.

Sixth, whether your organization provides standby services, for example, at events and finally the number of paramedic intercepts following Medicare's definition of this service.

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And then separately, the number of cases outside of Medicare's definition of paramedic intercept where your organization provided an advanced life support intervention as a joint response to meet at BLS ambulance from another organization.

As a reminder that all of these counts of services include all services, not just Medicare services that you billed Medicare for or that you provide to Medicare beneficiaries and that you should tally the total number of services over the full 12-month data collection period.

Moving on to Slide 20, other information focuses on the types rather than accounts of services that your organization provided. You'll need to track and report the share of your ground ambulance responses that were emergency versus non-emergency and that involved response staff from other organizations. Just to note that for this question, CMS proposed a clarification that submitting estimates is acceptable.

And finally, the share of ground ambulance responses that were in your primary service area.

And then among all of your ground ambulance transports, you will need to track and report the share of transports by type of service where the type of service is defined by HCPCS code. The instructions for the instrument, as well as Medicare manuals, listed detailed definitions for each of the ground ambulance HCPCS codes.

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We've heard that many ground ambulance organizations will get this information from billing companies if they don't bill for services in-house and otherwise would likely already run reports by CPT or HCPCS code level.

Separately you'll need to report the share of ground ambulance transports that were inter-facility, that is transports with a hospital or other health care facility origin and destination.

On to Slide 21, and a pivot to the third category of required information, which is information on your organization's ground ambulance costs.

This first slide on 21 illustrates the conceptual approach that CMS is taking to collect this information on ground ambulance costs.

The information is collected and reported by category, including ground ambulance labor costs, facility costs, vehicle costs, supply equipment costs and other costs. Each of those types of costs are separated into different sections in the Instrument. Adding all of these components together will allow CMS to estimate your organization's total counted ambulance costs.

For organizations that only provide ground ambulance services and not fire or police services or some other type of service, it's more straightforward for organizations to collect and report ground ambulance costs in each of these categories and then for CMS to get an estimate of total counted ambulance costs provided all of your costs are reported accurately.

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For organizations that provide services beyond ground ambulance services, only a portion of costs in each category may be related to ground ambulance.

Moving on to Slide 22, where we have a figure to illustrate this. For example, for an organization providing both ground and air ambulance services, only a portion of the organization's total labor costs will be related to ground ambulance services.

Another very common case is for ground ambulance organizations that also provide fire, police, or other public safety services. To deal with these cases, cost information must be collected and reported in such a way that ground ambulance costs alone can be estimated.

The instrument includes detailed instructions on how several categories of ground ambulance organizations should report cost information. These categories of ground ambulance organizations include fire department, police department or other public safety-based ground ambulance organizations; ground ambulance organizations that also provide air ambulance services; and ground ambulance organizations that are providers of non-ambulance health care services including Medicare providers such as hospitals or skilled nursing facilities or other kinds of health care delivery settings, for instance, clinics.

In each of these cases some portion of your organization's total costs will be considered out of scope for the purposes of estimating ground ambulance costs. Future CMS webinars will go into more detail on collection and reporting instructions for organizations in these categories.

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Moving on to Slide 23. I'll now go into more detail on the first of the specific cost categories collected in the instrument. CMS understands that labor costs are one of the largest cost categories for many ground ambulance organizations, you'll need to collect and report information about both staffing, that is, whether you have staff in different categories and how many hours they worked over the reporting period, and compensation, that is how much these staff were paid.

As a first step, you'll need to report whether your organization uses paid and volunteer staff in a wide range of categories during the reporting period.

One set of categories are for emergency medical technician and other response staff, including the subcategories of EMT (basic, advanced, and paramedic), nurses, doctors, respiratory therapists and other medical staff, emergency medical responders, and non-EMT, non-EMR drivers. Medical director staff is another staff category.

Finally, there are several categories related to administration and facility staff, including administrative staff like clerical, human resources, billing and IT staff, management staff, for example, executives and public information officers, dispatch and call center staff, vehicle maintenance staff, facilities, maintenance staff, and other administration facility staff not reported above.

For paid staff you'll need to collect staffing levels in terms of hours worked over the 12-month data collection period and also compensation over the 12-month data collection period. CMS' definition of compensation includes salaries and wages but also benefits.

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For example, health insurance contributions, paid time off, retirement contributions, stipends, life insurance, et cetera, as well as overtime, training time, call back and standby pay. While you'll report whether your organization has paid any volunteer staff in these detailed administrative and facilities categories, in order to reduce respondent burden, you'll need to report just one total number of hours and one total compensation amount for all of your administration and facility staff combined.

You'll also need to report whether you have someone on your staff performing certain specific duties, such as training, billing, data analysis at more than half-time.

CMS understands that it's common for individual staff members to have multiple roles, particularly in smaller ground ambulance organizations and that roles change over time.

The data collection instrument includes detailed instructions on how to categorize and collect information for staff that had multiple roles during the 12-month data collection period.

In general, the important principle is that individual staff members should contribute to your tallies of hours worked and compensation only once. It's more important that costs are only counted once than it is to place each staff member in the right category.

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Moving on to Slide 24, you'll collect and report information on volunteer staff separately from paid staff although the categories for reporting staffing levels are similar. To report the total number of volunteers and the total hours worked by volunteers in different labor categories, you'll also need to collect and report a single total cost for stipends and other similar payments to staff that your organization considers to be volunteers.

Moving on to Slide 25, there are a few special cases in terms of reporting staffing and labor costs that apply to only some types of ground ambulance organizations.

First, fire, police and public safety-based ground ambulance organizations will need to report the total hours worked by staff with and without public safety duties. For example, firefighter EMTs would be reported as a separate category from EMTs who do not have fire or other public safety duties.

Second, organizations offering services other than ground ambulance services need to separate ground ambulance hours worked from hours worked on other activities like firefighting, non-ambulance and non-EMT health care delivery, air ambulance, and a few specifically excluded activities like fundraising, for example, an organization offering both ground and air ambulance services.

If a particular staff member worked 1,000 hours a year providing ground ambulance services and 500 hours providing air ambulance services, the 1,000 ground ambulance hours must be reported separately from the 500 air ambulance hours.

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For those who have looked at past versions of the printed instrument or dialed into one of the early webinars we want to note that CMS proposed some changes to the way hours worked are reported for staff that have duties other than ground ambulance or in addition to, I should say, ground ambulance.

In brief, under CMS' proposal, you will report total hours related to ground ambulance services and total hours unrelated to ground ambulance services. And these two numbers will add up to the total hours work at your organization.

We will cover these proposed changes in later webinars, including a webinar in the fall dedicated to Section 7, which is labor costs.

The third special consideration for labor is that NPIs that are part of a broader parent organization, like a for-profit company operating multiple NPIs, will need to report a portion of their parent organization, or central office, labor costs allocated to the NPI for which data is being reported.

I won't cover this much more throughout this presentation, but each section of the instrument does allow organizations that are part of a broader parent organization or have these kinds of central office costs to report an allocated amount in each of the main cost categories.

We also will have a specific webinar for organizations in that scenario later on in the Fall.

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Moving on to Slide 26, next you will need to collect and report information on costs for facilities related to your ground ambulance organization. This involves assembling a list of facilities, their square footage, and the approximate share of each facility that is dedicated to ground ambulance services.

You will need to indicate whether you rent, lease, or own the facility and report the annual cost per facility. Then, separately, you'll need to collect and report your organization's total facility-related insurance costs, maintenance and improvement costs, utility costs, and taxes for all of your facilities combined.

CMS is asking for this information in terms of the total across all your facilities combined to cut down on the burden of collecting and entering information on a facility-by-facility basis.

We also want to note that CMS is seeking comment on how to best collect information on facility costs for organizations that use a cash basis for accounting. We'll talk a bit more about these proposed changes in later webinars.

Moving on to Slide 27, the information you'll need to collect for vehicles follows a similar format to the prior section on facilities. You will assemble a list of all the ground ambulance and other vehicles that are related to your ground ambulance operations and report the total number of vehicles and miles traveled across all these vehicles.

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Then, vehicle-by-vehicle, you'll provide some information on what type of vehicle it is and your annual costs associated with this vehicle. As with facilities, CMS is seeking comments on how to best have flexibility in reporting for organizations operating on a cash basis.

The instructions ask you to collect and report information on all vehicles related to your ground ambulance services, including SUVs and other vehicles used for quick response or by managers, including fire trucks used to transport medical staff, to the scene. So commonly SUVs, fire trucks, those would all be included in the scope for Section 8. There's a separate category for them indicating that these are vehicles other than ambulances.

After reporting this vehicle specific information, just like in the facility section, there's some questions that ask for total cost across all of your vehicles for registration, license, insurance, maintenance, and fuel costs.

You'll also report for maintenance and fuel costs your best guess of the breakdown of those total costs for your organization across different types of vehicles, for example, ambulances versus SUVs.

Moving on to Slide 28, you will be asked to collect information on equipment and supply costs. You will not need to collect or report granular, itemized costs for individual pieces of equipment or individual supplies. All of the costs you report will be total costs associated with broad categories of equipment and supplies.

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These categories include capital medical equipment, capital non-medical equipment, medical supplies, and consumables excluding drugs. Prescription drugs is a separate category, non-medical supplies and consumables, excluding uniforms and then uniforms are also separate categories.

You'll be able to use your organization's current accounting approach to distinguish between capital and non-capital equipment expenses for the purposes of reporting depreciation expenses.

For capital equipment, you'll need to report total depreciation and other costs associated with the equipment like maintenance, certification and service costs. So, again, CMS is seeking comments on how costs should be reported for organizations that operate on a cash basis.

You will also be asked to estimate the share of costs in each of these equipment and supply categories that were related to ground ambulance services. As in other cases if your organization provides only ground ambulance services, you'll likely report 100%.

Moving on to Slide 29, this is Section 11 in the instrument. Because one of the goals of the data collection instrument is to collect information on an organization's total amount of ambulance costs, you will need to collect and report information on costs related to your ground ambulance operation that were not reported in any other section of the instrument up to this point.

Section 11 in the instrument includes a list of potential other costs, including many specific categories that CMS has heard about. It allows you to write in

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additional categories if necessary so that you are able to report the total costs for your ground ambulance organization.

Some of the examples of the listed categories include contracted billing, accounting, dispatch, call center and IT services, training costs if they're not reported somewhere previously in the instrument, software and IT costs, again if they're not reported previously in the instrument, laundry costs, fees for toll roads, et cetera.

It's important that you only report costs in this other costs section when they haven't been reported elsewhere. For example, if your organization has some labor and some miscellaneous costs associated with training activities, only report the miscellaneous costs in this section because the relevant labor costs will have already been reported in Section 7.

Moving on to Slide 30, at the end of the cost sections there's a single question on the data collection instrument in Section 12 that asks for your organization's total expenses, total costs not limited to ground ambulance costs during the reporting period.

CMS is collecting this information in order to understand for organizations that provide ground ambulance and other services how large of a share ground ambulance costs are relative to your total costs.

For organizations that only provide you and services the number you provide in this question in Section 12 should roughly equal the sum of the costs that you reported in earlier sections.

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Moving on to Slide 31, the fourth and final category of information you'll need to collect and report on is information on your organization's revenue. You'll be asked to collect and report revenue from different categories of health care payers, including fee-for-service Medicare, FFS Medicare, Medicare Advantage, that's Medicare managed care, fee-for-service and managed care flavors of Medicaid as applicable in your state, TRICARE, VHA for Veterans Health Administration, commercial insurance, workers' compensation, and patient self-pay.

Your organization might currently track this information in-house, particularly if you handle billing in-house. You might also be using billing company to do this for you. In the latter case, the billing company may need to run a report so that you have this information available.

As with all the other information that you'll collect and report, the revenue that you report must be tallied over the entire 12-month data collection period.

You will also need to provide some information on how patient cost sharing is tallied in your revenue categories. CMS has heard that some organizations combined payments from payers with cost sharing from patients without source of coverage for the purposes of tracking revenue by source. But CMS heard that other organizations pool cost sharing from patients regardless of their source of coverage with payments from patients paying entirely out-of-pocket without using their insurance coverage.

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You can use either approach to report, but there is a question where you'll need to tell CMS which of those two approaches you use.

Finally, as with the last question asking about revenue by payer, you'll need to indicate whether you routinely bill patients with different types of coverage.

Moving on to Slide 32, you will collect and report information on all other sources of revenue related to ground ambulance services, including tax-based or other revenue from municipalities, revenue from contracted services that your organization provides, for example, with hospital donations, and from all other sources.

Like with the Section 11, other costs section, it's important here that you report on all of your revenues related to ground ambulance services. And if there's a source of revenue you have not reported up to this point, there is an open text field where you can enter a description and that amount in this question.

Finally, as a single item at the end of Section 13, you will report your organization's total revenue, including revenue unrelated to ground ambulance services.

That's the final slide of the overview of the required information for collection and reporting. As we mentioned at the start of the presentation, the intent today was to provide a high level overview of the required information rather than go too far into the detail on specific items.

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As I mentioned earlier, a webinar on August 26 will review the entire data collection instrument questions in more detail. And we encourage everyone on the call today to attend.

Moving on to Slide 33, I'd like to close my portion of the presentation today by describing CMS' broader educational efforts around the Ground Ambulance Data Collection System, many of which RAND is helping to develop and deliver.

We all recognize that data collection involves time and effort on the part of ground ambulance organizations to get set up for data collection, to collect what in some cases will be new data over the period of a year and then to report data via the Web-based system under development.

While we've worked hard to make sure the process is as clear and streamlined as possible, we know questions will come up. CMS is posting frequently asked questions and answers in an FAQ document posted on the Ambulances Services Center website, which I encourage you to peruse before emailing Amy or the rest of the ground ambulance team at CMS if you have questions.

We'll keep adding to the FAQ as we move forward and receive additional questions.

I mentioned this Quick Reference Guide a few times during my presentation today. If you're just getting started with your preparation for the Ground Ambulance Data Collection System or if you're an organization that's looking

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to get ready now but hasn't yet been selected in Year 1 or Year 2, I suggest you check out that Quick Reference Guide first.

All of these documents that I've mentioned today are available on the website at the address that Amy mentioned earlier. I think Maria maybe did, too. It's in the agenda. You can email questions to the CMS ambulance data collection address that's on the screen now and that's for questions on the data collection system. The Ambulance ODF email address is also at the bottom of this slide.

So finally, I close with a reminder that CMS is hosting a Webinar on August 26 where a team of researchers, including myself and Drs. Christine Buttorff, Sara Heins, and Lisa Sontag will go through each section of the instrument in more detail. Please check the Ambulances Services Center website for more details on this event and to register.

Future webinars will start-up in October and will cover issues around data collection and reporting for specific instrument sections and for specific types of ground ambulance services in more detail. I should mention the list of those specific sessions that are planned are on the very last slide.

And just a reminder to you, to those of you who dialed into prior calls or maybe have already reviewed the printable instrument, there's been some clarification to instrument text in places.

And as Amy mentioned, and I mentioned at the start of my presentation, CMS proposed some additional changes in the Calendar Year 2022 Physician Fee Schedule Proposed Rule.

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I noted some of those proposed changes briefly today at the webinar on August 26. I'll go into a few of those with my RAND colleagues in a little more detail.

The specific proposed changes in detail are posted up with the Proposed Rule slides, recordings, transcripts, notes, any other resources from prior to those proposed changes. And specifically, the sets of webinars and documents posted in 2019 into 2020 will not reflect those proposed changes. However, the proposed changes are fairly narrow in scope and those earlier resources will still likely be of use to your organization.

So that wraps up my presentation for today. Thanks for your time and attention and I'll turn it back over to Amy, I think.

Jill Darling: Actually, back to Jill. All right. Thanks, Amy, Andrew and Alexis. (Cedric), will you please open the lines for Q&A?

Coordinator: If you would like to ask a question, please press star then 1. Please remember to unmute your phone and record your name clearly when prompted. If you would like to withdraw that question, you may press star 2. Again, if you'd like to ask a question, please press star then 1. One moment to see if we have any questions. And our first question comes from - I believe it's (Paul Lebovitz). Your line is open.

(Paul Lebovitz): Yes. I just want to know how do we find out what year we're in, you know, 1, 2 or 3? Is there a list somewhere?

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Amy Gruber: Yes. The list is up on our Ambulances Services Center website. Year 1 and Year 2 is up. It has been posted.

(Paul Lebovitz): What's the website?

Amy Gruber: Ambulances Services Center website. If you Google “CMS ambulance” that should be your first website that you see.

(Paul Lebovitz): Okay. So, if my year is '22, so I have to collect all of my information in '22 and report it in '23, correct?

Amy Gruber: That's correct. And you can pick a calendar year or you can pick your organization's accounting period. So, it could be a fiscal year beginning in 2022.

(Paul Lebovitz): So, the earliest time that the reporting has to be done is a year and a half from now, correct?

Amy Gruber: It would be beginning in 2023.

(Paul Lebovitz): January of 2023. All right. I'm fine. Thank you very much.

Amy Gruber: You're welcome.

Coordinator: Thank you. Our next question comes from (Melissa). Your line is open.

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(Melissa): Yes. I just wanted clarification on when reporting is due. So, I think I heard you just say January '23 if you are a Year 1. Is that the end of January?

Amy Gruber: It would depend on your data collection period. And so, if your data collection period is a calendar year and it begins January 1, 2022 when your data collection period ends, then that would be December 31, 2022. You have up to five months to report.

(Melissa): So, the end of May then would be the five months for a calendar year reporting entity?

Amy Gruber: That's correct.

(Melissa): Okay. Thank you.

Amy Gruber: You're welcome.

Coordinator: Thank you. Our next question comes from Jerry. Your line is open.

Jerry Hurley: Yes, sir. I'm going down another avenue here on an open door forum. But we're having some issues and maybe you can direct me to a proper number or a proper person.

We are not getting any correspondence from the CMS EDI Web site for our transmissions. Everything that we have transmitted since 7/16 has been in a pending mode.

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I have spoken to a couple representatives and I'm just getting a brick wall. I did speak to someone and they did make the statement that there was some type of an edit that was initiated, a Part B/Part A error code.

Is there any update on this? Can someone direct us accordingly? Because I'm hearing that other services and not only just Part B organizations for transportation, but any other Part B services experience in the J15 area. And, you know, it's going to start turning into a cash flow issue. Is there a number online, a contact person or is there anything that you know about this situation?

Eric Coulson: Hi. This is Eric from the Provider Billing Group. I want to do some more research before I answer your question. If you would please, can you do me a favor and send that to - I'm sorry. I don't know the address off the top of my head, the ambulances' email address. And...

Jill Darling: I got you, Eric. It's [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov). And it's on the agenda.

Eric Coulson: Yes, perfect. Yes, send me that question. I don't have direct access to that email, but those that do will send me that email and I'll get back to you hopefully by the first part of next week and give you an update.

Jerry Hurley: I have a follow-up question here. Slowly that email address again, is ambulance...

Jill Darling: Ambulance, O, D as in dog, F as in Frank at cms dot hhs dot gov.

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Jerry Hurley: Hhs dot gov. That's [ambulanceodf@cmshhs.gov](mailto:ambulanceodf@cmshhs.gov). And did I understand correctly that that is on an agenda somewhere?

Eric Coulson: Yes. It should be on the agenda. There's a dot in between CMS and HHS. So it's at CMS dot HHS dot gov.

Jerry Hurley: Okay.

Eric Coulson: I'm sorry. Can you tell me your name again?

Jerry Hurley: My name is Jerry Hurley. I'm with Appalachian 1st Response Ambulance Service.

Eric Coulson: Okay. And you said J15?

Jerry Hurley: Yes.

Eric Coulson: Okay. All right. I'll look for your question, Jerry. Thank you.

Coordinator: Thank you. And our next question comes from (Gary Young). Your line is open.

(Gary Young): Good afternoon. I'm seeking information that I might be able to - the location of information. The collection of this data is going to be a monumental undertaking for some organizations.

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And I understand that there's probably a penalty if an organization doesn't comply and provide the information that's being requested. Can somebody direct me to where we could research what the penalty might be for non-compliance in providing the information?

Amy Gruber: This is Amy. We would point you to our Ambulances Services Center web site under Spotlights, New Medicare Ground Ambulance Data Collection System.

The first bullet provides you our Calendar Year 2020 Physician Fee Schedule Final Rule and where you can read regarding the 10% payment reduction. There's also a hardship exemption provision. So, we would refer you to that regulation.

And if you have any additional questions, you can email us at our data collection mailbox. And that's ambulancedatacollection, that's all together, at cms dot hhs dot gov.

(Gary Young): Okay. Could you give me the - you had pointed me to a website to refer to. Could you give me that information one more time again, please?

Amy Gruber: Sure. It's on our Ambulances Services Center website. And if you Google "CMS ambulance", it'll be your first listed website. So if you go down, like I said, down Spotlights, down to our New Medicare Ground Ambulance Data Collection System, the first bullet will lead you to our final rule and you'll see how we established the Medicare Ground Ambulance Data Collection System.

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You can also read regarding the comments that we received on this provision and our responses and what we finally decided.

(Gary Young): Thank you so much. I appreciate that.

Amy Gruber: You're welcome.

Coordinator: Thank you. Our next question comes from (Michael). Your line is open.

(Michael): Good afternoon. My question revolves around staffing and labor costs. We're a fire department-based ground ambulance organization in which I have firefighter EMTs staffing both the fire apparatus and ambulance.

I want to know how you want us to separate out the hours staffed on the ambulance versus the fire truck. That's something that we do not track currently.

Basically, I could give an estimate or - I mean, we staff an ambulance 24 hours, 7 days a week, 365 days a year. And we also put on additional ambulances, which wouldn't be hard to track. But as far as each person on those ambulances, that would be extremely hard to track. And the reason I ask this is because firefighters aren't paid the same. So that's where my issue lies.

Andrew Mulcahy: Right. So, this is Andrew. A couple of points in response. The first one is that staff members that have both ambulance and public safety responsibilities will be reported as separate categories. So, if you have some EMTs and some firefighter/EMTs, they will need to be tallied up and then reported separately.

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The other part of your question about how to - for those firefighter EMTs - how to separate out hours, and that's an area where CMS is proposing a change. So, we're not able to say much at this point about what it will look like at the end of the PFS rule process.

I will say that in the printable instrument as the questions are worded now, the one most important piece of information is total hours. So the total hours combining whatever time they're spending on ambulance or fire combined is the most important number.

The part where CMS has proposed some changes and is looking for comments has to do with that split between ambulance versus not. So that's a little in flux right now. But the most important number is to track total hours for the staff who have anything to do with ground ambulance. And if that's a number you do track, then that's a good starting point.

(Michael): Yes. I appreciate that. The total number of hours wouldn't be an issue. It's separating out what hours were worked on what apparatus would be difficult to say at best because, you know, I never know who's going to be on the ambulance from day to day.

Andrew Mulcahy: Right. That's a good point. We've heard that for different purposes, ambulance organizations use a range of different approaches to try to separate out costs in these dimensions, thinking about the share of fire versus medical responses or other allocation approaches, you know, might be the kind of approach that could work. But there's at this point no specific instruction.

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(Michael): Okay. Thank you very much.

Coordinator: Thank you. And our next question comes from (Sandra Jenkins). Your line is open.

(Sandra Jenkins): Hi. I wanted to know where do I go to check to see when we get like the notification letter? Because we have had a turnover in staffing and I want to make sure that if it's being emailed, who it is being emailed to or what address was used because our corporate office - our office had moved to a different location per se.

So I mean, we got another office. Our main office is still at one location, but now we got a satellite office. And so the ground ambulance part is in a different office. So I just wanted to make sure that based on the slide that you used on Page 10 for notification update that in the fall CMS will send a notification letter to us.

And will we get a hard copy from MAC and an email as well? And I just want to make sure the right person receives that information.

Amy Gruber: We would suggest that you check PECOS with your NPI number and make sure that information is correct, the contact information is correct because that is the vehicle for which the MACs will send out the notification letters.

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The contact information that is in PECOS will be used by the MACs to send out the notification letter. So, it's important to make sure that your NPI information is updated.

(Sandra Jenkins): Yes. Our NPI number is still the same. I just wanted to make sure if there's a certain person that it was specifically going to. If so, that way I can change the information and get that situated as soon as possible. Some people have retired so.

Andrew Mulcahy: This is Andrew. As Amy mentioned earlier, the list - I'm not sure if this is part of your question, but the lists of the Year 1 and Year 2 samples organizations are up on the Ambulances Services Center website.

(Sandra Jenkins): Yes. I saw where we was listed in Year 1 for us to generate our information. Do you have the PECOS Web site that I can go on?

Amy Gruber: We provided that in - PECOS information was provided. It is on...

(Sandra Jenkins): Is it on the slide?

Amy Gruber: Yes, it's on the slides. It is on Page 8 of the slide presentation.

(Sandra Jenkins): Okay. Page 8. Okay. Page 8. Okay. I see it. Thank you.

Amy Gruber: You're welcome.

Coordinator: Thank you. Our next question comes from (Kathy). Your line is open.

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(Kathy): Yes. I didn't get that information on where to get PECOS. And I went onto your site and I cannot in NPI see if we're on Year 1 or Year 2.

Andrew Mulcahy: This is Andrew. If you're not listed, your NPI is not listed under Year 1 or Year 2, that means your NPI has not been selected in Year 1 or Year 2.

(Kathy): So, we don't have to worry about this right now?

Andrew Mulcahy: That sounds right if you're not an NPI on one of those two lists.

(Kathy): Okay. And I put it in and did the control ask to try and pull it. I hope I didn't dismiss it. Is there another way to locate it? Those lists are pretty long.

Andrew Mulcahy: True. You can also sort the list by organization name or by primary practice locations, state, I believe.

(Kathy): Okay. And I did all of that and I couldn't find it. So I guess we don't have to worry about it for a little while.

Andrew Mulcahy: We still would encourage you to listen in to the webinars to get ready, but it sounds like not.

(Kathy): So there are quite a few that are not listed. Is that correct?

Andrew Mulcahy: As Amy mentioned, in each year, approximately 25% of ground ambulance organizations were sampled. Two years out, that's roughly half.

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(Kathy): Oh, okay. And what time is the webinar on August 26?

Andrew Mulcahy: Amy or someone else? I don't have it.

Amy Gruber: It's a 2 o'clock.

(Kathy): Okay.

Amy Gruber: Eastern Standard Time.

(Kathy): Okay. Thank you.

Coordinator: Thank you. Our next question comes from (George). Your line is open.

(George): Yes, sir. When will the portal open where we can start looking at how this data is going to be input? Because like the gentleman said earlier, this is going to be a huge undertaking.

Amy Gruber: Are you referring to the Web-based system update?

(George): No. I'm referring to the reporting portal that we're going to input this data in. When will we have login information and be able to access that?

Amy Gruber: That is the Web-based system update and that will launch prior to the start of the first data reporting period in 2023.

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(George): So, we won't be able to see that prior to 2023?

Amy Gruber: The reporting system, no. It is currently under development.

(George): Secondly...

Amy Gruber: You can use the printable version of the instrument.

(George): Okay. Secondly, will there be a like a helpline we can call to get guidance on things or are we going to have to strictly rely on email or webinars?

Amy Gruber: It is anticipated there will be a help desk once you enter into the Web-Based system if there are issues. And as I stated earlier, we're going to provide some training and providing instructions on how to create accounts and access the system. And if you have subsequent issues, you can always email us at our ambulance data collection mailbox. And we will have different vehicles to assist you with reporting.

Andrew Mulcahy: This is Andrew. Just to highlight two more resources. The FAQ document that's up on the Ambulances Services Center website is packed at this point with some frequently asked questions. So that's a great resource to go first if you have a specific scenario that, you know, might seem like a unique scenario or some special consideration for how you report for your organization.

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At this point given we've already received questions from quite a few organizations, there's a pretty good chance that someone has asked a similar question. So that FAQ document is great to review as a first resource to go to.

The second thing I didn't mention in between the webinars, the RAND crew is going to host some live Q&A sessions that will be a combination of Web and phone-based but it will be available during those sessions to respond to your questions live, which will give a little more time than we have in the brief Q&A sessions after these webinars.

So, they'll be in between the webinars will be these regularly scheduled Q&A sessions where we would be happy to tackle any questions.

(George): Will we be notified when those are happening?

Andrew Mulcahy: I believe the dates will be posted up on the Ambulances Services Center website soon.

(George): Okay. One final thing and I'm going to stop. So, she was referring to like a hard copy of the data, like, is that on the website as well, I mean?

Amy Gruber: Yes. The printable version of the instrument is up on our website. It's under Spotlights, New Medicare Ground Ambulance Data Collection System. And it is the third bullet.

(George): Okay. Thanks.

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Amy Gruber: Medicare Ground Ambulance Data Collection Instrument, printable version.

(George): Okay. Thank you.

Andrew Mulcahy: Just one more thought in response to that question. The printable instrument has instructions in it to deal with all of the different scenarios we've talked about briefly today, providers, fire-based, other public safety-based, EMS-only organizations, volunteer versus not, et cetera.

The instructions are on the long side because of that. And that's something that - you know, it is a little trickier to read through the programmed instrument compared to what you'll ultimately use in the programmed instrument to report information.

So just as you're looking at that printable instrument, just keep in mind that not all of the text and not all of the questions will apply to your organization. And there are some annotations that you can use to follow along. But there's a limit to how much you can replicate a Web-based survey in PDF.

(George): Okay. Thank you.

Coordinator: Thank you. Our next question comes from (Christina). Your line is open.

(Christina:) Hi. I'm on Slide 20 and I just had a quick question in regards to the survey. You missed inter-facility transports that were to and from a hospital or other provider. Is CMS also including skilled nursing facilities and assisted living facilities in that broad term of inter-facility transport?

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Andrew Mulcahy: This is Andrew, I think that's probably one we have to check on unless, Amy, you have an immediate reaction.

Amy Gruber: We are using CMS' definition of inter-facility transports. And that can be found in our Medicare Benefit Policy Manual, Chapter 10. We're using that definition.

(Christina:) Okay.

Amy Gruber: Actually, that's our definition for specialty care transports, inter-facility transportation, one in which the origin destination are one of the following: a hospital or SNF that participate in a Medicare program or a hospital-based facility that meets Medicare requirements for provider based status.

(Christina:) Okay. Thank you.

Amy Gruber: You're welcome.

Coordinator: Thank you. Our next question comes from (Patrick). Your line is open.

(Patrick:) Thank you. I just have a quick question. We are in the second year reporting group and our department would like to do a fiscal year reporting time frame for our 12 months.

Would we be able to start October of '22 to September of '23? Would that fit within the timeline and then report five months after September of 2023?

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Amy Gruber: That is an acceptable data collection period. Yes.

(Patrick:) Perfect.

Amy Gruber: The fiscal year, you know, would have to start in 2022. You know, we would know that, you know, some of them wouldn't start in January. So that timeline that you provided is acceptable.

(Patrick:) Perfect. That's all I had. I appreciate your help.

Amy Gruber: You're welcome.

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

(Kim): The question was asked and answered. Thank you.

Coordinator: Thank you. Our next question comes from - I believe it's (Bonnie Larkin). Your line is open.

(Bonnie Larkin): Yes, sir. I'm going back to these dates. When this first came out with this collection thing, we were asked to do it first, like a test type thing. And then the corona hit and I was supposed to report, I'm going to say 2020 and then have my data sent to you in 2021, five months, and then I saw something where that was canceled because of COVID. Is that correct?

Amy Gruber: That's correct.

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(Bonnie Larkin): Okay. So...

Amy Gruber: You will need to - you would need to establish new data collection period beginning in 2022.

(Bonnie Larkin): Okay. So now my next question is, since your portal is not going to be for this print - the portal will not be up and running until sometime in 2023, would it be smarter for me to use my fiscal year? Or can I - so I can get in on having a portal?

Amy Gruber: The printable instrument is available. It's the reporting system that won't be available. And so, the determination of your data collection period would be based on your organization's accounting period, whatever your preference would be for a calendar year.

(Bonnie Larkin): Okay. So, who do I need to know my new dates that I'm going to do because I am in the one?

Amy Gruber: You will receive, and hopefully you received the first notification letter, you will be receiving another notification letter from your MAC. And please follow the instructions to provide your new start date of your data collection period, as well as contact information.

(Bonnie Larkin): Okay. And one more thing. This printable version, can you give me that Web site again where I can find this?

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Amy Gruber: It's on our Ambulance's Services Center website. And if you Google "CMS ambulance", that's the first website listed. And once you go on our web site, instrument is under Spotlights. It's under the Medicare Ground Ambulance Data Collection System.

(Bonnie Larkin): Yes, ma'am.

Amy Gruber: It is your third bullet.

(Bonnie Larkin): That's what I needed to know. Thank you all very, very much.

Coordinator: Thank you. Our next question comes from (Pam). Your line is open.

(Pam): Yes. I'm going to tag kind of off of her question. When we first received the information from our MAC, there were instructions that we were to send notification to the MAC to identify what our actual collection period was going to be.

Every time we got the update on the waiver, I continued to send an update to my MAC. To date I have never received a confirmation that they either have acknowledged or confirm receipt.

I, of course, have kept receipt copies. But just to clarify, is the MAC supposed to be confirming for me that I had sent an email saying that our report dating is October 1, 2022 through September 30, 2023 and we will begin submitting data no later than February 29, 2024?

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Amy Gruber: The MACs will be sending out another notification letter. We're kind of like starting over with that process with Year 1 reporting their start date of their data collection period. So, stay tuned to receive that letter and please follow those instructions.

(Bonnie Larkin): Okay. And I'm sorry. I do have one additional question. With the waiver, we've also begun a hospital at your home program that is staffed with community paramedics.

So, when we're reporting time transport expenditures if there's not an actual physical transport, but there is a rapid response where we go to the patient's home that is considered inpatient, will there be instructions in this new - or how will we be responsible to report the hospital at your home data? Has that been brought up at this point yet?

Andrew Mulcahy: This is Andrew. There are specific questions in the instrument asking for revenue for various types of services that aren't transports.

This feels like a specific question that would probably be best fleshed out in an FAQ so others can benefit from the information once it's available.

So just to point that there are some questions that could be compatible with putting that type of information. There are no instructions in the version that's up on the website right now, which was last updated just prior to the start of the pandemic, I think. There are no instructions up there right now on how to handle that situation.

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(Bonnie Larkin): So, is that something that I need to submit as a question or is that something that you guys will take note of and add to the fact report later?

Amy Gruber: If you wouldn't mind sending in your scenario in writing, that would be great. And if you could send it to our ambulance data collection mailbox. That's ambulancedatacollection, all together, at cms dot hhs dot gov. We appreciate that.

(Bonnie Larkin): No problem. Thank you so much for taking my call.

Coordinator: Thank you. Our next question comes from - I believe it's (Amy Lopez). Your line is open.

(Amy Lopez): Hi. Good afternoon. Just to make sure that I understood correctly, we are on Year 2 organizations. The collection information starts on 2022 if it's from January. And then we have five months after 2022 to submit. In other words, we have five months to submit all that information on 2023. Is that correct?

Amy Gruber: You have up to five months to report your data after your data collection period ends. So, whenever your data collection period ends, your data reporting period, you have to report - you have up to five months to report that information.

(Amy Lopez): Up to five months. Okay. And also, you have indicated that for Year 2 organizations, there's going to be the initial notification letters send out in the fall. By any chance, do you know what month they're going to be sending those out?

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Amy Gruber: We hope to start in the fall, in the fall meaning October.

(Amy Lopez): Okay. Thank you so much.

Jill Darling: And, (Cedric), we'll take one more question please.

Coordinator: Okay. And our last question comes from (Melissa). Your line is open.

(Melissa): Yes. You had mentioned registering for the August 26 webinar and I do not see a place to do that.

Amy Gruber: That information hasn't been posted on our website yet, but please stay tuned. We hope to post as soon as we can.

(Melissa): Okay. So, I should see it under the Ambulances Services Center under the Webinars section then is where I would be looking for it at?

Amy Gruber: Yes.

(Melissa): Okay. I appreciate it. Thank you.

Amy Gruber: You're welcome.

Jill Darling: Thank you, everyone, for joining. I'll hand it back over to Maria for any closing remarks. All right. We might have lost Maria, which is okay. But we appreciate everyone joining us today. If you do have any more questions, you

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may send your emails to: [ambulanceodf@cms.hhs.gov](mailto:ambulanceodf@cms.hhs.gov) and we look forward to talking with you on our next open door forum. Thanks, everyone. Have a great day.

Coordinator: Thank you. And that concludes today's conference. You may all disconnect at this time. Speakers, you may stand by for post-conference and line count.

End

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