

August 26, 2021 Transcript: Walkthrough of the Medicare Ground Ambulance Data Collection Instrument

Melyssa Douillard: Good morning and good afternoon everyone, It has been a long and exciting year and promises to continue to be a long exciting year. My name is Melyssa Douillard. I'm currently a summer graduate intern in the Division of Data Analysis and Market Based Pricing in the Technology Coding and Pricing Group in the Center of Medicare. The division that I am assigned to is responsible for the coverage and payment policy for the Ambulance Fee Schedule.

We have a few housekeeping items. We ask that you please keep your audio on mute. If you have any questions during the presentation, feel free to type them in the chat box. We will provide responses to your questions after the presentation. We also have some polling questions for you at the end of the presentation.

We're excited to present a Walkthrough of the Medicare Ground Ambulance Data Collection Instrument. I hope this presentation will be informative and interesting for you. Please know we have several resources online that are available on our Ambulances Services website. The link for this website can be found in your meeting agenda. Thank you for taking the time out of your busy schedules to join us today. Now I will turn it over to Andrew Mulcahy from the Rand Corporation for today's presentation.

Andrew Mulcahy: Thanks, Melyssa. I want to make sure we have a screen share going. I think some folks in chat were saying that they were seeing the wrong screen. Can everyone see the slides? Melyssa or Lisa or someone: Can you see my screen?

Melyssa Douillard and Lisa Sontag-Padilla: Yes, I can see.

Andrew Mulcahy: Okay, thank you to the you both. 4767 people who confirmed you can see the slides.

And so, my name is Andrew Mulcahy. I am a Health Policy researcher at the Rand Corporation, nonprofit research organization, that's helping CMS design and implement the Medicare Ground Data Collection System. I will be presenting today, along with my colleague Dr. Lisa Sontag-Padilla. We are happy to be able to share these slides with you on the webinar today. I am glad that's working well. Lisa and I will still do our best as we go to call out slide numbers today for those of you following along with a PDF of the slides.

Moving on to slide 2 for our agenda. Today's presentation will provide an Overview of the Medicare Ground Ambulance Data Collection Instrument. We use the term instrument to refer to the set of questions that selected ambulance organizations will need to answer and report information on to CMS as they're selected. Just as a quick reminder, the questions are available online in a printable version as well. The presentation today is structured to follow that printable instrument. So, we will start with the first section of the instrument and then work through in order until the last section.

We will start each section off by describing the broad purpose and content of that section, and the kinds of information you'll need to have on hand to answer the questions for each section.

It's my note we won't discuss every question in this section. We will though walk through selected questions, particularly ones that are a little more detailed for which we've received questions along the way or for questions that may require your ground ambulance organization to change the way you're collecting data now, in anticipation of reporting data down the road. If you haven't already seen it, the printable version of the instrument is available on the Medicare Ambulances Services Center website. The URLs are also in the middle of this slide too. Encourage you to go and check it out, if you haven't already. It's important to note that ground organizations won't actually use this printable instrument to report any information to CMS. CMS is working now to develop a web-based version of the questions that we will go over today.

The web-based version will be available before the first organizations are required to report any information to CMS, which will be in 2023. So we'll use the program, so we'll use the printable instrument to structure our presentation today, The Web based version will follow the same set of sections, but it will look a little bit different. I would re-emphasize before we get started, keep in mind that we're not going to go through every question in the instrument, however we will answer today if you have any questions.

On items that we're not going to cover today, you can check out the FAQ to see if your questions, have already been asked and answered. Enclosed in the very, very last couple of slides today we have put up links to where you can find the Frequently Asked Questions document that CMS is maintaining. You can also submit the question to the panelists today via chat and thanks for all of you who are already dropping a couple questions in. You can also dial into one of our upcoming Q&A sessions. The first one is in a couple weeks or you can email them to CMS to the email address which I'll put up on the last slide today. We will turn back to Q&A questions at the end of this session. Lisa and I will present for roughly the first hour and then we'll hopefully have time to get through as many questions as possible, starting at about three.

One more important note before we dive in: CMS proposed several clarifications and changes to the specific text in the instrument in this year's CY 2022 Physician Fee Schedule Proposed Rule with comment period for the proposal is open now. Throughout today's presentation will include, language up on the screen that reflects those proposed changes and just to stress CMS's proposals related to the instrument has not been finalized, and so the text that we have put on the screen today may change. Future webinars will cover those finalized changes in more detail after that happens in the Final Rule.

So, moving on to slide 3. Slide 3 list of titles of the 13 sections in the instrument and again our presentation will follow this flow today. I highlighted the first three sections in dark blue. These three sections include instructions and some initial questions about your organization that will help tailor the questions that you see later on, so that they're more relevant for you and your organization. Those later questions are in the sections that are shaded white in this diagram.

When you're actually reporting information to CMS using the Web based version of the instrument you'll have to answer the questions in those initial three blue shaded section is first. And then, after you're done with those three sections you'll be able to bounce around from section to section the other white shaded sections saving your responses, as you go. Logging in

and out as you'd like until all of the sections are completely done. As a quick reminder, just on timing, selected organizations will first collect information on their services, their expenses and their revenue during a continuous 12-month data collection period. Another reminder while, this is a Medicare Ground Ambulance Data Collection System, you'll need to collect information on your entire ground ambulance operation which includes services, expenses, and revenue related to patients that aren't Medicare beneficiaries.

So, you'll collect data over that 12-month period, and then, when that 12-month period is over you'll have five months during a data reporting period to collect your information, to organize your information along the lines will cover today, and the report it via the web-based version of the instrument.

At this point, we'll start diving into the instruments section by section. We'll start off with Section 1 which is covering general instructions. I'll turn the presentation now over to Lisa who will cover Sections 1-4.

Lisa Sontag-Padilla: Thank you Andrew. And so now we'll start walking through some of the survey content on slide 4. And you can move it to the slide please. Thank you. So, after the general survey instructions in Section 1, this is the first section of the instrument with questions for your organization.

Now, the overall purpose of this section is to learn more about your ambulance organizations characteristics. So, for example, is your ambulance operation for profit or nonprofit or you are hospital based, fire based, do you use volunteer labor. Beyond giving CMS a better understanding of your organization, these questions are important because they will help determine which questions and instructions you see later on in the instrument.

So, we now turn to slide 5. These are two examples of questions. These are two examples of questions about your organization that will help determine which questions you see later on in the instrument. Question 2 in this section asked whether the National Provider Identifier, or the NPI that was sampled as part of a larger parent organization. Most organizations will only bill under one NPI but some organizations such as large companies or organizations that have merged may bill under multiple NPIs. If this describes your organization you will see some additional questions asking you to report on costs and revenue related only to the NPI sampled to report information. Otherwise you won't see these instructions. Note that Section 2, question 6, is one of those questions where CMS proposed some changes to the wording as part of CY 2022 Physician Fee Schedule Proposed Rule and the wording on this slide reflects those proposed changes.

Another important section to question 6 is if you indicate that your organization uses volunteer Labor. In question 6, you will get additional questions about volunteers in Section 7 which will ask about labor costs and we'll go into more detail about that later on. Otherwise, you wouldn't see these questions regarding volunteer, for example.

So, moving on to slide 6. Question 7 in Section 2 asks what category best describes your ground ambulance operation. So, the options are: fire department-based, police or other public safety-

department based, government standalone EMS agency or a hospital or other Medicare provider of services. There are two options for independent or proprietary organizations that either primarily provide EMS services. So, in this case, responding to emergency calls, or they provide non-emergency services, for example, scheduled medical transports. There is also an option for “other”, where you can write in your answer if the above categories do not reflect your operation.

Moving on to slide 7. Question 8 is a follow up question for those you answered A, B or D in the prior question. Question 8 asked you to confirm whether you share some or all costs, with these other services. Now, the goal here is to understand whether your organization's accounting systems, and therefore the expenses and revenue that you report in the instrument whether they reflect an activity, other than providing ground ambulance services like fire responses or providing non-ground ambulance healthcare services. These questions help target the questions that you'll see later on. For example, if your organization is fire based and you confirm that you share operational costs with the fire service, you will get additional questions and instructions about how to separate out ground ambulance costs from your organization's total costs. CMS understands that there are many different operational relationships and structures between ground ambulance and other kinds of services beyond what's already asked in question 8.

Question 9 asked you to indicate whether your organization provides any additional kinds of services or operations such as fire, police or public safety. There is another way for the instrument to know to present or I'm sorry. This is another way for the instrument to know to present instructions later on to separate ground ambulance cost and revenue from other costs and revenue. So just to note section to question, it is another place where CMS proposed to add some clarifying language in the PFS Proposed Rule.

Moving on to slide 8. These questions asked if your organization operates air and water ambulances. Water ambulances are considered ground ambulances, but air ambulances are not. If your organization operates water ambulances, you will get additional questions tailored to operating water ambulances. If your organization operates air ambulances, you will get additional instructions to not include air ambulance costs and revenues unless you're specifically asked for them.

Next, in slide 9 we give a summary of Section 3, Service Area. So, your service area is the area in which you respond to calls for service. While developing the instrument, CMS heard from ground ambulance organizations about a wide range of different types and configurations of service areas. Sometimes, an organization is the exclusive EMS provider for one municipality, but occasionally provides services and other areas through mutual aid or auto aid arrangements. So, in other cases, an organization might serve a very broad area, like several counties or an entire state. The questions and the instrument about service area were designed to allow organizations some flexibility and reporting these different scenarios. More specifically, this section asked about what you think of as your organization's primary service area and, if you think of your organization as having one your secondary service area as well.

We define your primary service area as 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. Some organizations might also report having a secondary service area which we define as areas where you regularly provide services through mutual or auto aid agreements. The main information that you'll provide in this section are the ZIP codes that comprise your primary service area and you'll be able to enter ZIP codes in the Web based instrument one at a time or county by county.

Moving to slide 10. Here we give a summary of questions in Section 3 to ask if you have a secondary service area. So again, some, but not all ground ambulance organizations regularly provide service outside of their primary service area. For example, through mutual or auto aid agreements with nearby municipalities. If this applies to your organization, please report areas that are outside your primary service area, but where you regularly provide services as part of your secondary service area. You do not need to report areas where you provide services very rarely for only under exceptional circumstances. For example, when participating or in coordinated national or state responses to disasters or mass casualty events. So, again, use your judgment as to whether your organization regularly serves a secondary service area. For example, you may choose to consider ZIP codes outside your primary service area where you had five or more responses during the data collection period as part of your secondary service area if you believe that these transports have a significant impact on your organization's costs. You'll only be asked to report secondary service area ZIP codes if you report having one otherwise you'll move to the next section. Again, note that CMS proposed some clarification to the service area definitions and instructions in the PFS Proposed Rule.

Slide 11 gives a summary of Section 4 on emergency response times. You will only see this section, if you respond to emergency calls. If, for example, you indicated previously, that your organization only does scheduled transports, you will not see this section. We'll talk a little bit more about what some of these definitions in the next slide but, overall, we're interested in your average response time and the share responses with much longer response times, both for your primary and secondary service area, if applicable. We will also ask some questions about whether your organization has response time target and, if so, if you're incentivized to meet these targets. Note that CMS proposed in the CY 2022 PFS Proposed Rule to replace a question asking for your organization's 90th percentile response time with a question asking through the approximate share of responses with response times twice as long as your average response time.

Moving on to slide 12. The first question in Section 4 asks about the way your organization defines response time. The instrument defines response time as a time from when the call comes in to the time when the ambulance or another EMS response vehicle arrives on the scene. If you also define response time in this way you won't need to see the next question. If you answer no, meaning you define response time differently, you will be asked to specify how you define it in Question 2 and you'll be able to use that definition going forward. In the Calendar Year 2022 PFS Proposed Rule, CMS also proposed clarifying the definition of response time and expanding the response options.

Moving on to slide 13. Section 4, question 3 asked about your average response time, which is the average time it takes for your ground ambulance to respond to emergency calls. You'll also be asked to report what share or percentage of responses take more than twice as long as the

average response time. Note that in question 3a, you will be asked if your organization collects this data, if not, this is one question where estimates are OK. We will go through a more detailed example of how to answer question 3 in the next slide.

So now on to slide 14. Here's an example of how to answer question 3 for hypothetical ground ambulance organization with 10 total responses during their data collection period. So, this organization has 10 total emergency responses. To get the average response time you add up all the response times and divide by the number of responses in this case 10 for the average response time of 4.4. To determine the share responses that take more than twice the average response time, you would then multiply 4.4 times 2, which is, in this case equals 8.8. Here one response time is above this threshold. You then divide one by 10, which is the total number of responses. In turn this equals .1 or 10% of the responses.

So, now I'll hand it back over to Andrew who will talk about service volume.

Andrew Mulcahy: Thanks, Lisa. So, we'll move on to Section 5 of the instrument and slide 15 in the presentation. Section 5 includes questions on the volume of ground ambulance services, different types that you provided during your 12-month data collection period. There are questions asking for your volume total responses for calls for service and for organizations that are both ambulance and fire or police or other public safety that's inclusive of all responses, regardless of whether or not an ambulance was involved. Also, the total ground ambulance responses, those their responses with fully staffed and equipped ground ambulance, the number of ground ambulance responses that did not result in a transport, the number of ground ambulance transports, the number of ground ambulance transports, the number of ground ambulance transports that were paid either in full or part, and the number of several other categories of service.

One important consideration for all of Section 5 and for collecting and reporting data in general, as I mentioned earlier, is to include all services that you provide in your accounts, not just the services that were provided to Medicare beneficiaries. For example, when you're collecting and reporting on the number of ground ambulance transports that were paid think about all of your patient transports, not just transports down the page.

As in other sections of the instrument, if your organization bills for ground ambulance services under more than one NPI you'll need to collect and report service volume, so that the transport that information you report is relative only to the sample NPI. This is another place where CMS has proposed some clarification in the CY 2022 PFS Proposed Rule. More specifically, CMS proposed clarifications on how to collect and report information on paid transports given the fact that there's often a disconnect or a lag between the time of transports provided. And then, when payments received either in full or in part, sometimes that lag is short and other times, it can be quite long so, CMS is aiming in their proposals to clarify those definitions and I will talk about that a little bit more in a minute.

Section 5 includes detailed definitions of each of the service categories in the instrument. I copied some of the definitions verbatim on this slide and the next. Not going to read them out loud but I'll highlight some key points and definitions. First, there's an important distinction between total responses and ground ambulance responses, as I mentioned earlier. At total responses include all responses to calls for service from your organization, regardless of whether an ambulance was deployed. So again, for fire, police and other public safety-based organizations that includes responses when only say a fire truck was dispatched and not a ground ambulance. This also applies even to ground ambulance only organizations in cases where say vehicle other than the ambulance, for instance an SUV, supervisor vehicle is dispatched and then, for whatever reason, the call cancelled before the ambulances deployed with the ambulance is no longer needed. That response would still count towards total transport, sorry total responses. And that response will not, however, count towards total ground ambulance responses. There will also be a difference between total responses and ground ambulance responses in a couple other cases, which we'll review a little later on other service categories.

Shifting over to slide 17. Other service categories and transports, which is defined in Section 5 of the instrument. Those are cases where a fully staffed and equipped ground ambulance is responding to a request for service and provides the medically necessary transport, based on the rules relevant to the applicable payer. Medicare has their own rules for what is medically necessary transport. CMS understands that other payors may have different approaches, so the instructions asked you to consider this on a payor to payor basis.

Other categories include responses that did not result in a transport, which CMS understands can vary from organization to organization. This can be the result of refusal patients that can be located and other scenarios. Question 6 asked about the ambulance transports, which as I mentioned earlier where patients actual transported and then question 7 asked about paid transports.

So, we'll walkthrough an illustrative example on how you might respond to the question 6 in slide 18. There are some relationships between these different questions. The illustrated example, the ground ambulance organization had 1000 total responses during their 12 months data collection period. Some share of these responses involved ground ambulance and will contribute to the reported number of total transports. This might be a fire-based organization say and some share of responses would not involve ambulances. The number of ground ambulance responses will, by definition, be equal to or less than the number of total responses, so in this case the organization at 600 ground ambulance responses. The difference between those 1000 total responses and 600 count ambulance responses might be due to a range of reasons, again, this might be a fire-based organization. Or, this may be a case where an organization routinely dispatches EMT or other response to staff to the scene in a vehicle other than an ambulance. Moving over to third column, number of ground ambulance transports and the number of responses not resulting a transport to roughly be equal to your total number of ground ambulance responses. So, in this case, 600 of the 600 ground ambulance responses, 450 resulted in transport. Some in some cases an individual response may have resulted in multiple transports for a total of 800 to 485 transports and 150 responses didn't resolve the transport and they got

150 might be refusals for transport cases where a patient couldn't be located or medical treatment on the scene. There's a separate section in a separate question in Section 5 on ground ambulance responses that did not result in a transport, but that didn't involve some treatment at the scene.

Finally, moving to the last column. Some share of your organization's total transports will be paid, others may not be paid. Again, this is an area where CMS is proposing some clarification in the CY 2022 PFS Proposed Rule. The clarification here is to indicate that the question asks about the number of transports that were provided during your organization's 12-month data collection period and paid by the time that you reporting information. CMS understands that in some cases, payment might not come in for months, or, in some cases years after your data reporting period, the question as CMS is proposing to clarify it asks for a snapshot of how many were paid as of the time you for your reporting information.

Moving on to slide 19. Section 5 also includes questions asking whether you respond to calls for service jointly with other organizations. That's important to report if this scenario as applicable to your organization if another organization provides a critical input in your responses to calls from medical service. For example, paramedic labor and your organization's costs may look lower than costs from similar organizations that provide paramedic labor themselves. To indicate if this scenario is relevant to your organization, there are some follow up questions where you can report the share of responses that were joint and the type of labor involved so, CMS understands that this is happening behind the scenes.

Moving on to slide 20. There are two questions on slide 20 that asked you to report the number of responses where your organization provided paramedic intercept services. First, following CMS's definition which currently only applies to certain ground ambulance organizations in New York state and then the number of responses, where your organization, more generally, provides an advanced life support intervention to meet BLS ambulance from another organization. It's more of a colloquial definition of paramedic intercept as it used in some other states. It's important to know whether you provide these services as your labor costs as it might look relatively high compared to other organizations on a per transport basis.

Next, we'll move on to slide 21 and Section 6. The previous section focused on service volume where, in other words, counts of services that you provided during the data collection period. This section focuses on the mix, in other words, the specific types of services that you provide. There are a couple questions in Section 6 to get at different angles of service mix. You'll be asked to report on the share of responses that were emergency versus non-emergency. You'll be asked to report on the breakdown of your transports by HCPCS code or CPT code. And you'll be asked to report on the share of ground ambulance transports that we're in a facility versus not. As a reminder, as I've mentioned before, you'll have to consider all of the services you provide, not just the services you provide it to Medicare beneficiaries, when responding to questions in this section.

So, moving on to slide 22. Question 1 in Section 6 asked you to report the share of your ground ambulance responses that were emergency versus non-emergency. Question includes CMS's definition of our emergency response, which is a BLS or ALS one level of service that has been

provided an immediate response to a 911 call or the equivalent. So, a few important points to note on this question. The first is that your responses across emergency and non-emergency need to add up to 100%. Second is that many organizations will have a mix of emergency and non-emergency responses, but some might be 100% one way or the other, and that's fine you're able to enter zero in the row if you don't if you don't provide responses of some type. And third, just to point out that this question asks specifically about the breakdown of your responses, not your transports, so there may be a slight difference in the shares between how you record your responses is being emergency versus non-emergency versus the actual HCPCS codes that you billed for.

Moving on to slide 23. This is question 3 from the service mix section. Here, you'll report on how your transports, in this case not responses, broke down over different HCPCS billing codes to each of the HCPCS codes in the Medicare Ambulance Fee Schedule is listed in this table. So, for instance, you have BLS non-emergency which is code A0428.

Some organizations will have this information readily available in house particularly if you do billing internally. Others may contract with a billing organization and may need to ask that billing organization for a report that includes this information. On this question does specifically asked for the breakdown of your total transports, not just billed transports. This is another place where there might be a slight difference between the breakdown of services you bill for versus the services you actually provided.

Moving on to slide 24. This is a slide with some illustrative responses to question 3 which we just covered in terms of the mix of ground ambulance transports by HCPCS code. I'll stress, these are illustrative examples only. CMS expects each organization to report a different breakdown here and there's no right or wrong answer. The important thing is that the breakdown represents the services that transports that you provided. Organizations that provide only BLS will have distributions that will report percentages that covered entirely or almost entirely BLS HCPCS codes. Other organizations may provide a mix of ALS and BLS services and see more of a mix.

Some organizations may provide primarily or exclusively scheduled services and, in that case, their share of transports may be skewed towards non-emergency. So, this wraps up Section 5 and 6. I'll pivot now to go through Section 7. You've got me for one more section then I'll turn it back over to Lisa for a couple of the following sections on vehicles and facilities.

CMS has heard that labor is one of the largest single cost categories for ground ambulance organizations and the section asks for information of a couple types. First, there's a question that asks if you usually are, in your organization in different categories so, there's a table you'll see pop up on the screen and you'll check off checkboxes for the specific categories of labor that you use both paid and unpaid volunteer.

Afterwards, for the categories of labor that you select you'll be asked to report a couple of key pieces of information for each category of labor separately. First, information in the number of hours they worked, and the second, for paid staff is their total compensation.

So, a couple of points, just to set the stage for our discussion on Section 7. One of the most important aspects of the instructions in Section 7, is to help respondent understand how to categorize each different staff member in your organization. CMS understands that in many organizations, particularly smaller organizations, staff can have multiple roles. And it's also heard about situations where staff will change roles during a 12-month data collection period. Move, maybe from EMT to paramedic with some other shift and responsibilities are also cases where staff common go from the organization during the 12-month data collection period. So, there are many detailed instructions in Section 7 on how to handle all of those scenarios. But to boil it down, one key instruction here is to count every staff member of your organization and only one labor category are many instructions on how to handle situations where a staff member is paid for part of the year and volunteer for part of the year in that case in companies paid staff. There are also some rules on how to handle staff that are both have both response responsibilities and also administrative responsibilities. And in that case, the general rule is to treat them as response to staff.

Go into detail on a few more of these specific rules. The detailed instructions in the printable instrument are good guide if you have questions on this. There are also several questions listed in the FAQ on how to think about different categories. I will note that there is a CMS proposed change as to how the tables in Section 7 and the specific information that's requested look in the CY 2022 PFS Proposed Rule. And in under CMS, is proposal for organizations that have both ground ambulance and other activities. For instance, if your fire department-based ambulance operation, the instrument will now ask for that hours work related to ground ambulance services related to fire or other public safety services and then related to all of the responsibilities. So, for each type of staff you'll report hours broken out in that way, and then, if you add them together the three of those are really totals together equal to total hours worked at your organization during the 12-month data collection period. That's a change from prior versions, where you didn't where organizations we're not asked to explicitly report the number of hours related to ground ambulance services.

So, we'll go into details on how to calculate and report some of these numbers in Section 7 using a couple examples today. And one more quick programming note, we will have come October a separate webinar dedicated specifically to Section 7. We'll have a couple more examples to work through. So, if you have more questions about this section or would like a little more background or some work practical examples, encourage you to keep an eye out for the invitation to join that webinar come October and we'll go through some of these sections seven questions in more detail.

So, I mentioned earlier that it's important that each staff member should contribute only one labor category, even if they perform multiple roles in your organization during the data collection period is really important, because it prevents double counting both of hours and of compensation. And it prevents your organization from having to do some potentially complex calculations on your end to break up individual staff members across multiple roles and responsibilities. The instructions CMS has in Section 7 are designed to try to streamline this the accounting each person in only one category.

So, in this slide on slide 26, we summarize the instructions on categorizing staff members in only one category and provide some practical examples. So, for staff with both EMT and administrative roles, they should always be included in an EMT or response category. So, for example, paid EMT and performs administrative duties should be categorized for the purposes of data collection and reporting as a paid EMT-basic.

Another example is thinking through staff who were both paid and volunteer during the reporting period. Earlier, in this instance, that staff members should be categorized and reported as paid staff. In many organizations, they are administrative or facility staff that have multiple roles. So, for instance, staff member that handled billing and clerical duties but also did occasional vehicle maintenance you'll treat them as a paid. Administration facilities category is one important note in order to reduce the complexity of Section 7 you'll have to report on paid and volunteer administrative and facilities staff as a collective whole. So, you won't actually need to distinguish between the number of hours were total compensation for say vehicle maintenance versus facility maintenance versus building all of that effort in terms of labor hours and in total compensation will be reported as a single number.

There are some separate rules for staff that change roles so, say someone went from EMT to paramedic, you should always categorize folks as they were during the beginning of the data collection period. So, if a staff member was an EMT- intermediate at the beginning, and they should not be later report as paramedic. And then finally one-word general rule when considering whether to include staff at all in your data collection and reporting should only include individuals that had ground ambulance responsibilities. So, in cases where you have staff who, for instance, paramedic only had air ambulance responsibilities that staff member would simply never contribute to your report totals for hours worked or total compensation. You have a fire-based ground ambulance organization and some staff who exclusively have fire responsibilities, say, a fire chief involved in administrative responsibilities on the fireside only that staff member would not contribute to your reported total hours for compensation.

Moving on to slide 27. A walkthrough example. The questions in Section 7 this is question 1, this is the first question, I mentioned, where you're going to have to check off the specific combinations of paid and volunteer staff, you have in these different categories. You'll see this large table just once. The idea is to check off the kinds of staff you have in your organization. For some smaller organizations, you may only have staff in a couple categories. And then, after you're done filling in this information, will only see those types of staff that are relevant to you, moving forward.

Moving on to Section 7.1. So, this section asks about paid EMT and response staff. This is slide 28. If your organization indicates you have staff in these categories only the appropriate roles will appear. And, as I mentioned before, for each of those categories you'll think about all the staff in that category together and report total annual compensation, total hours worked and then hours work broken up into three different categories for ambulance operations, fire, police or the public safety operations and then everything else. There are a couple of specific activities that the instructions ask you to exclude from hours work related to count ambulance or related to public safety. Those include air ambulance operations, healthcare delivery unrelated to ground

ambulance such as work in a clinic or hospital outside of an ambulance service, public health responsibilities, community paramedicine, community education outreach fundraising, and a catch all anything else that's related that's not related to ground ambulance or to public safety.

Moving on to slide 29. Section 7.2 is structured in a very similar way. This time, though, instead of paid EMT and response staff, it's paid administration facilities and medical director staff. So, here again, you'll report total annual compensation dollars and then total hours worked annually and then hours work broken out in the same three categories related to ambulance operations, public safety and then everything else.

Moving on to slide 30. This is a summary of some points I've already covered so, I'll go through this quickly. This is an overview of some of the specific instructions again just to emphasize some highlights here. For reporting total compensation, the instructions require you to think about this very broadly to include more than just wages or salary, but all benefits as well, so that includes health coverage, paid time off, retirement, stipends, life insurance, tax contributions, over time, training time. Long list of categories that will contribute to total compensation, so that it equals the total amount that your organization has as an expense for staff that you report. There are some cases where another part of your broader organization or maybe even another entity. For example, a municipal government might cover some of these costs, so if you're a government-based ground ambulance organization, municipality may pay for certain benefits. If you're part of the same broader municipal government, instruction to ask you to find out what those costs are and report them. CMS thinks what's important is that it's not done and the cost that you report be too low and look like you're providing ground ambulance services for smaller total expense than the organization actually has to pay for the total hours worked annually. The second bullet here again includes all hours and it's broken out in those three categories I mentioned earlier.

In here at the bottom of the slide are those specific exclusions that need to be need to be tally together in the sum of hours, that are not related to ambulance. We're going on to slide 31. It's a brief example of how you might fill out Section 7 for ground ambulance organization. Let's say, there are three paid EMT- basic staff each for the total annual compensation, including salary, wages and those other components I mentioned of \$40,000. And you'd enter that the total costs across all of the staff in a given category, so this is a fire- based organization and one of those EMT is not a firefighter and two are. You add up the two that are together to get to get a total of \$80,000 for compensation and added here. Similarly, you add a total hours worked and then hours work in these different categories, then tally up the hours work for the two EMTs that also are firefighters and report them together here 4000 totals, whereas the one that does not provide is not a firefighter would be recorded.

Moving on to slide 32. There's a separate section in Section 7 for Volunteer Labor. All of the questions we've gone through in Section 7 up to this point are for paid staff. This slide covers the questions for volunteer staff. The questions here are broadly similar. There's one addition here. You'll have to report the total number of individuals that are volunteers to come to people that's not included in the prior questions. But, just like in prior sections, you report a total number of hours worked. And then there is a question at the end, asking for total expenses

related to volunteers. CMS heard that some organizations will pay stipends or honoraria and other kinds of expenses and it's important to tally those all up and report them here. And again, as we mentioned earlier, as Lisa covered in Section 2 to the questions on volunteer labor will only appear if way back in Section 2 you report having volunteer labor organization and then in Section 7 at the start, you report having volunteers and some labor categories there as well. So now I'll hand it back over to Lisa to cover vehicles and facilities.

Lisa Sontag-Padilla: Thank you Andrew. For now, moving into Section 8 and slide 33 of the presentation. So, this section will ask questions about the number of buildings that your organization using the name and function of each building. So, for example, you may have a call center, a garage or administrative buildings. We will ask about the square footage and the cost of renting or owning each facility. We'll also ask questions about insurance, maintenance, utilities and tax costs across all of the facilities combined. So, in other words, you don't need to separate these costs out by facility. Again, note that in the PFS Proposed Rule, CMS is proposing adding a screening question to Section 2 and beginning of the instrument asking whether organizations calculate depreciation expenses for facilities, vehicles and equipment. Your answers to these questions will help them determine how later questions about expenses and depreciation are worded.

Moving on to slide 34. Section 8.1, question 1 asked how many separate buildings you use related to ground ambulance operations. So, the samples of facilities to include are buildings that you use for dispatch or call operations, garages, administrative buildings and any buildings for your EMT staff. However, don't include facilities that are used by contracted entities and not occupied by your organization specifically. So, for example, don't include a call center that you pay a monthly fee to or a mechanic's garage where you sometimes take your vehicles for repairs. These costs will be accounted for later in the instrument.

Question 2 ask you to provide a name or function for each of these facilities, and this is simply helpful in terms of keeping track of which facilities as you're answering the questions. So, for example, if you have one building that houses all of your organization's activities, you could just give it your organization's name. Another example, is if you have a fire station that must be your fire trucks, your ambulances, and firefighter EMT staff. and another building for administrative operations, you could call your buildings fire station and administrative building. Now these names will just be used to refer to each building for later questions in the instrument.

Will be on to slide 35. Section 8.1, question 3 asked for information on each facility you listed in the previous question. So, for each facility you'll choose one of the options in columns 2 through 5 on this table the best describes your facility: Do you make rent or lease payments on the facility; do you own the facility and make mortgage, interest or other payments towards ownership, do you own the facility outright meaning you don't make any payments on it, or was the facility donated. Your selection here will impact the questions you get about each facility later. So, for each facility. you'll also need to enter the total square footage of the facility and the percent of the facility related to ground ambulance services specifically.

In this next slide, I'll go over an example to illustrate how to answer these questions. Slide 36 gives an example for a fire department-based organization that has two facilities related to ground ambulance operations. One is a leased fire station that houses ground ambulances, fire trucks, EMTs and firefighters. The second column, in the second row is checked to indicate that the building is leased and then the square footage of the entire fire station is listed in column 6 and the percentage of the facility that is dedicated to ground ambulance operations in this case 60% is listed in the last column. This is another one of those few cases where an estimate is OK, as we understand that it can be difficult to separate out, you know specific building space for different functions. If the building has separate physical space for ambulance activities, estimate what percent of the building that space uses. If the distinction is not clear, for you know, for example, you have a staffer and that's used by both EMTs and firefighters or staff who are both firefighters and EMTs you can allocate a different way. So, for example, if 60% of your emergency calls, or if 60% of the emergency calls your staff takes are EMS calls and 40% are fire calls, you might choose to allocate 60% of your facility space to ground ambulance operations. The second facility in this example is a municipal building that's owned outright by the organization's municipality. The municipal building houses the ambulance administrative activities. There's also houses administrative activities for other government functions, such as the parks department and animal control. So, in this case the hypothetical organization estimates that activities related to ground ambulance services account for about 10% of facility space.

Moving to slide 37. Section 8.2 question 1, as in the previous question, we discuss your answers about the number and names of buildings will carry forward to this question. You'll see different questions, depending on how you answered previous questions about building ownership. So, if you indicated previously, that you leased or that you lease or rent to the building you'll be asked to enter the amount that you pay in the annual lease or rental costs column for that facility. If you indicated that you owned the building and make mortgage, interest or other payments toward ownership will be asked to enter that amount that you pay in the annual mortgage, bond interest and other cost of ownership for that facility.

If you own the building outright or the building was donated and there are no cost reported, you'll be asked to confirm that you have annual whether or not you have annual cost of ownership for that building. You will have a chance to report other types of facilities costs such as maintenance and insurance later in the instrument. For this question, you must report, the entire cost of the facility, not just the costs related to ground ambulances.

In slide 38, we go back to the fire-based organization example. That we previously indicated that the fire station was leased or rented and the municipal building was owned outright and that the organization does not depreciate the facility. Therefore, this organization is prompted to enter their annual lease or rental costs for the fire station which is \$75,000 in this case. We previously indicated that the municipal building was owned outright so, they confirm that they don't have any annual cost for the facility by checking the box in the last column.

On slide 39 we turn to Section 9. So, the goal of this section is to collect information on the costs associated with vehicles related to your ground ambulance service. Section 9 asked for information on vehicles, including the number, type and costs associated with each vehicle.

Section 9.1 asked for information on ground ambulance vehicles. Section 9.2 asked for similar information on non-ground, non-ambulance vehicles. Non-ambulance vehicles may include fire trucks or SUVs that respond with ground ambulances. The initial questions in both of these sections asked for summary information about your ambulance and non-ambulance vehicles. These will include the number of vehicles that are owned versus leased and the miles traveled. The questions will also ask about depreciation costs, this is something your organization calculates cost to rent or lease ambulances. Section 9.3 will ask for total registration, license, insurance, fuel and maintenance costs across all vehicles.

Slide 40 summarizes section 9.3. So, the previous part of Section 9 asks for costs related to each vehicle. Section 9.3 pivots to ask you about cost for both ambulance and non-ambulance vehicles in aggregate to be, as I mentioned these costs include registration, license costs and fuel. You will be asked to provide an estimate for how your maintenance and fuel costs are broken down across the different categories of vehicles such as fire trucks and ground ambulances.

We now turn to Section 10 on slide 41. And this section asks about expenses for equipment and supplies. The question in this section does differentiate between equipment that you capitalize. For example, expensive medical equipment and other equipment and supplies. The questions in this section also separate out medical equipment and supplies from non-medical equipment and supplies.

Summary is on slide 42. Questions; question 1 in Section 10.1 asked about your organization's costs for capital medical equipment. Capital medical equipment is equipment that is used repeatedly, such as ventilators, monitors or power lifts, and may cost more than \$5,000 per year. You're asked to report the annual depreciation expenses for all your capital medical equipment and annual maintenance costs. This question also asked you to report, the percentage of the cost of this item that is attributable to ground ambulance services. For the question in Section 10 for non-capital equipment and supplies, you're asked to report the total cost of the equipment and supplies and the percent attributable to ground ambulance service. The rest of Section 10 asked you to report costs associated with several other categories. The first category is non-capital medical equipment and supplies, which include things like medications, bandages or gauze. Medications are asked about in a separate. Medications are asked, in a separate question only if your organization is able to separately report this information. Non-medical capital equipment includes things like computers, dispatch equipment or furniture. Uniforms are asked about in a separate question, since this can be a large cost for many organizations. But, finally Section 10 asks about non-medical supplies, including office supplies or postage. I'll now turn it back to Andrew to cover the final few sections.

Andrew Mulcahy: Hello again. Thank you everyone so far for the questions coming in through the chat. We have quite a few of them that we're organizing and preparing responses for you. I'm going to try to get through the rest of these slides relatively quickly and we'll have a quick polling break while we ask a couple questions for you to respond to and then we'll dive right into Q&A and get to as much as we can today.

And so, we'll turn now to Section 11 which starts on slide 43. The section includes all of the costs that hadn't been reported elsewhere in the data collection tool up to this point. There are questions that I know a few of you have already asked about in the chat around outside contracted services like dispatch call center, billing services, accounting services, broad services that you, you pay on a contractual basis some other organization to perform a service that's the very first question in Section 11. That's important for CMS to understand the full scope of your expenses during the data collection period related to ground ambulance services. So, if you find yourself getting to Section 11 and there's an expense that you have that you haven't reported, yet it should go here somewhere. And as with many of the prior sections, including some of the ones Lisa just reviewed if there are some expenses that you'll report a dollar amount that's not entirely related to ground ambulance operations will be asked to report a percentage, that is related to ground ambulance services.

So, now onto slide 44. The first question as I mentioned asks about these kinds of contract outside contracted services. There's a list of common categories here, such as billing and accounting services and there's also an option to write in any other that you might have so this is a fairly broad question and you have some discretion and what you'd report here versus elsewhere in the instrument. One important distinction is these costs have to be on a broader contracted service and they can't be for something that you've recorded previously in the instrument. It's very important to avoid double counting of expenses and so you should use this opportunity in Section 11, if you haven't reported on an expense related to one of these contracted services up to this point. Question 3 in Section 11 is a long list of other potential costs. They're organized by type they cover a lot of different territory, like some medical or ambulance related expenses around laundry or biohazard waste removal, some administrative or general expenses, travel, organizational dues, funds paid to other organizations for services you haven't recorded up to this point software licensing fees that kind of thing. There's another category for fees and taxes which could include 911 or dispatch service fees, business registration fees. So again, similar to other questions. If you're reporting an amount here that in your fire-based organization say or a hospital or other Medicare provider of service and you have an expense your reporting that isn't just ground ambulance you should report some percentage to indicate an allocated share.

We're going to slide 45 and this covers Section 12 which is just one question and it asks for your organization's total expenses during the data collection period. This should be all inclusive across your entire organization. That does mean for organizations that provide fire, police, public safety, other kinds of services outside of ground ambulance this number will be larger greater than your overall narrowly ambulance ground ambulance expenses during the data collection.

Slide 46 gets into revenue and the final section here. There are questions about revenue from sources that are healthcare insurers and payors like Medicare and Medicaid, commercial coverage, etc. Also, questions, though, asking about any other revenue that you receive that includes funding from municipalities contracts with providing services, charitable donations, grants. And then, as in Section 11 there's a long list of other potential sources for revenue,

including a write-in option at the end so, that you can be sure to report all the revenue that your organization to see during the data collection.

And with the interest of time, I'll quickly go through a couple questions on the amounts that you received from payers from insurance payers. There are questions that lead off asking whether you receive any revenue from different kinds of payers, including Medicare and Medicaid, both in traditional fee-for-service and managed care varieties, Tricare, Veterans' health administration, commercial insurance, Workers' comp, and any different options will indicate a little bit about whether you receive information and then also whether you sometimes, usually, always, or never bill patients with that kind of coverage for care and how you handle cost sharing account from an accounting perspective for those different sources of coverage. And question 5 is that longer laundry list of any other category of revenue. There are list of common sources here, and then a write-in for anything else that that you haven't reported along the way.

So, we'll pause here. That brings us to the end of Section 13. Also, the end of our overview. We will pause and pivot back to DeVonne for a second, to bring up some polling and then we will dive right into Q&A.

Maria Durham: Andrew, while we're waiting, why don't we dive into Q&A.

Andrew Mulcahy: Sure okay. So, thank you for all the questions. There are quite a few. We'll get through, as many as we can today. I mentioned, we have Q&A session coming up in a couple weeks and there's also an email option. We ask that a few of you today to please email your questions in and we'll get back to you at a later point. And we'll get as far as we can do. There are a couple of general questions and a couple questions at that I we chatted about a bit already are around hospitals and whether or not reporting is required, even though hospitals submit cost reports to CMS that includes some information on ambulance cost centers. The answer to that one is yes. All Medicare ground ambulance providers need to report through the Medicare Ground Ambulance Data Collection System. There are some important differences in the instructions between what's reported in cost reporting versus here through the data collection system. And there's also not that much granularity in what's reported via the cost report. CMS doesn't have the ability to break that number down to the extent that they do through information recorded through this instrument. So, all Medicare ground ambulance providers, including hospitals and suppliers are required to report.

Also, a related question on whether or not numbers from GEMT. Which is a source of Medicaid supplemental financing and whether numbers reported for GEMT purposes could be reported here. The answer there's also no. Because the instructions for GEMT are different than instructions for GADCS and the Medicare data collection system and because of those differences it's important to collect data and report data that's specifically tailored to the questions in the instructions asked in in this instrument.

And there was one question about service area and a hospital that might cover multiple categories at sorry multiple counties and including potentially many ZIP codes was another question from Kathleen about a primary response area that doesn't have its own post office and serves an area that covers a couple of ZIP codes. Instructions for the service area questions are

broad and an offer you all quite a bit of discretion in determining what's your primary service area, whether you have a secondary service area, and what that is too. So, Kathleen in your case you'd report, the three ZIP codes that you serve, even if your service area doesn't quite overlap with the full extent of those three ZIP codes. ZIP codes can look pretty crazy on a map and so, if you're serving in full or in part a ZIP code, you can include it in the list of ZIP codes that you report.

To the, I don't have the name of the person who submitted the question about serving multiple counties, but in that case, if there are many ZIP codes and county, and many ZIP codes and county be your report, the sum of all of those ZIP codes. And in the programmed instrument and the Web based version of these questions, there is a way to add whole sets of ZIP codes that cover an entire county at once, which will hopefully make submitting any information on what might be quite a few ZIP codes easier for whoever asked that question.

There was a question in Section 2, which is back on organizational characteristics question 9, so those that's, the last of a couple questions about whether or not your organization provides services beyond ground ambulance services. So, whether or not you're a medical provider, you provide air ambulance services or fire police or other public safety services and the specific question was: Can you select more than one option there? And the answer is yes. You can select as many as are applicable to your organization. So, if you are fire, police, kind of an all hazards type public safety organization, you can select as many as you'd like there. You also have air ambulance, you can also select that. The key thing if any of the answers to those questions and I mean that you have expenses that might be partially ground ambulance and partially something else that triggers a set of instructions that would appear throughout the entire rest of the instrument.

I'll run through a few more, and then there were a couple questions that that have to do with timing when information needs to be collected and reported. Amy, maybe I'll run through four or five more and then turn it over to you on those questions about timing.

So, a couple questions on Sections 3,4, and 5. And there's a question from Susan around response time and if response time is given by CAD (Computer Aided Dispatch) do you have to report your, do you use the formula that CMS suggests here. And the answer is no. You can use whatever response time your organization is currently or receives from some other source. There's no need to change the way you're recording or receiving response times.

Question from TJ about standby events: Whether special events of that type would count towards the total responses. The answer there is yes. Football standby, concert standby and all of that kind of special event would count as a single response. And Karen asked about Karen Stormer asked about an inter-facility transports and for a definition or to clarify what that actually refers to. Medicare does have a specific definition for what qualifies as inter-facility. I believe that may be one of the clarifications or increasing the FAQ that will help spell that out a little bit more, but, in short, it is transport where the source and the destination or both, hospitals and other kinds of facilities.

And a couple from Section 7. So, Deborah and Lynn both asked about on call hours. The instruction for Section 7 indicates that on call hours are not included in the total hours worked. That could pretty dramatically inflate the total number of hours worked if they were included. CMS understands that that's an important activity, but the instructions do indicate those are out of scope.

And Maria asked whether total hours worked is really related to all other responsibilities, including fire and gas station fire prevention across the board. And answer there is yes. Total hours is really the total hours worked at your organization for paid staff that would be the total hours paid. There is a breakdown, as we mentioned briefly between hours that are ambulance related and public safety and then everything else. So, you are asked to break it out into those three categories, but when your report total. It really is that the overall total number of hours worked.

And someone, so I don't have a name asked about annual compensation and whether that includes benefits to pay allowances, insurance benefits, etc., The answer there is yes. All-inclusive and the instructions for Section 7 list along bullet list of specific things that should be included.

Monica and Maria both asked how to handle administrative or billing staff if they're not actual employees, but they are contracted. Monica, Maria My guess is, you asked that question while we were going over Section 7 and hadn't gotten quite to Section 11 yet. The answer there is that kind of contract at service is reported at the very start of Section 11.

And Nick asked about definition of public safety, with public safety versus without public safety. So, CMS understands that in some fire-based organizations, but also police or other public safety based or hazard organizations, there are some staff, for instance, sometimes paramedics that only really do ambulance services and others, maybe EMTs that are also firefighters say. So, there's a distinction between staff that only have ground ambulance responsibilities and then staff that have a mix of ground ambulance and some fire, police or other public safety responsibilities so that's the distinction. The need to separate them out is because, for the folks who are ambulance only all of the compensation and hours for those staff are related to ambulance and for staff that do ambulance and something else that needs to be split out.

There are, a few folks that I asked to please email in, will get the poll to work here, So, I'll just pop up this email address at the bottom here: ambulance data collection. All one word at CMS.hhs.gov. So, Brett Allen, Dan Garrett, but that's about it three. Scott asked about dry runs. Andrew Reiten asked about HCPCS codes that aren't on the AFS. And Vincent Robbins asked about a specific question regarding multiple responses for a single patient sending two units. Y'all don't mind, please email those questions to that address: ambulance data collection.cms.hhs.gov. CMS crew can work to get responses back to you.

And maybe I'll pause here. Amy, there were a couple questions about the timing: when organizations will have to collect information, when they'll have to report information. Would you like to respond to those as a group? You might be on mute.

Amy Gruber: Sure, I can I can address some of the questions that came in regarding to timing. First up, Patricia asked about can I get clarification when we will be receiving a letter from their MAC that they've been notified that they've been selected to collect under the Medicare Ground Ambulance Data Collection System? And CMS plans to send out notification letters to selected ground ambulance organizations in year one and year two starting in October of 2021. So please be on the lookout for that. Would like to remind folks that on our Ambulances Services Center website, and you can find that website by googling "CMS ambulance", we have a document it's the FAQs, it's a frequently asked question document, and you can find that under Spotlight under our new Medicare Ground Ambulance Data Collection System. And there you'll be able to see commonly asked questions regarding FAQs such as if my organization selected we report our accounting period is a fiscal year, can we use that fiscal year as opposed to a calendar year. And, yes, the answer to that question is yes, you can. You know, go by your organization's accounting period which is for fiscal year or you could go by, you know, your calendar year. That's simply up to you.

Would also like to point out, on our Ambulances Services Center website, that we have the presentation from today and that's listed under Spotlights and it's listed under the announcements for today's webinar as well as our Q&A session, which is scheduled for September 14 and there's also, as I stated there's a year one, year two. are listed under our new Medicare Ground Ambulance Data Collection System.as well. As well, so you can find all that information there as well as is, if you have any additional questions you can feel free to as Andrew stated to write to our website: AmbulanceDataCollection@cms.hhs.gov.

Would also like to point out in the FAQ that we have, with regard to do fiscal year or calendar year, we have specific examples of the timelines for the data collection period. And, as we stated, it has to be a continuous 12 months data collection period and then, when your data reporting period is and your data reporting period would be you have up to five months after your data collection period and to report your information.

And some folks are wondering, Okay, I hear about this printable instrument, but where do I go about you know to report? CMS is currently working on a programmed instrument, and you can be able to find it in our Medicare Ground Ambulance Data Collection System. It is still under development. We hope to have that available registration and training at the end of October, excuse me of 2022. So, any updates to the Medicare Ground Ambulance Data Collection System, you can find it on our Ambulances Services Center website.

I hope that I addressed the majority of those questions with regards to the timing. Back to you, Andrew.

Andrew Mulcahy: Thanks, Amy I realized, there are considerable number of questions still that in chat here that we have not been able to get to and DeVonne, I'm not sure if chat will stick around after we end this session. I can try to get responses to a couple folks quickly. I guess the other suggestion would be to queue up some of these excellent questions for the Q&A session coming up on September 14 as Amy mentioned, we will be happy to give more detailed responses.

DeVonne Parks: You'll get a copy of all of the chat questions.

Andrew Mulcahy: So, we'll find a way to get back to folks and because there are some great questions in here. And I think DeVonne mentioned that the polling is now ready. We have about five minutes to spare. I think with that maybe we can try the polling and ask folks to respond to that.

While folks are responding, I'll just note up towards the top of the chat is a link to the slides. A couple people over the past few minutes asked for that link. It's also at, you can access the slides from this link right at the top of slide 50. Or as Amy mentioned, you can Google, what is it Amy the quick link on Google to get to the Ambulances Services Center website?

Amy Gruber: It's CMS ambulance.

Andrew Mulcahy: First result will get you there too, so that the URLs that they are Google, or at the top of chat. The presentation was recorded and the presentation and the transcript will be posted. And that same link has many other documents that we've mentioned today and that some folks are asking about including FAQ, the quick reference guide, a link to the printable version of the instrument. And then one quick last note here. There's a set a series of additional webinars starting October 7, the first one is on Section 7 which is Labor in particular. And we'll go through a couple other specific scenarios on data collection reporting for organizations using Volunteer Labor, fire, police, public safety organizations, revenue, provider hospitals and other providers and organizations that operate multiple NPIs.

Someone had. Jennifer, thank you for pointing out that there's a typo in number 5 in the polling urban, rural or rural again. I believe that second, the bottom one, was intended to be super rural.

Great, well thanks on behalf of myself and Lisa for your time and attention today. We hope the session was helpful. A minute or two out from the end. Amy, DeVonne, Melyssa: any words to close out?

Maria Durham: We just wanted to thank everyone for attending and we will do our very best to get all of your questions answered. Really appreciate the time you took to attend.